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ABSTRACT

This report is concerned with the underrepresentation of women on the faculty and staff of Stanford University's Medical School and it proposes methods to equalize the status of these women and increase the number of women medical students. Included are appendices on recent activities at the university related to the education and employment of women; a selected bibliography on the changing roles of women in work and society; a report on the status of women in Sweden; an article on population policy; a report on women faculty in medical schools; a proposal for a child care center at Stanford; and a proposal for Stanford's Medical Office for Women's Affairs. (CS)

ED 067983

Report of the
Professional Women of Stanford Medical School*
*(P.W.S.M.S.)

December, 1969

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INTRODUCTION

This report to the administration of Stanford University School of Medicine is precipitated by the conjunction of two developments: recognition of the poor representation of women in the higher levels of Medical School ranks and the bequest of Katherine McCormick intended to "give encouragement and assistance to women pursuing the study of medicine, teaching medicine, and engaging in medical research". (Appendix 1)

Concern with problems of the status and role of women in the academic community is not unique to the Medical School, as shown by the recent recommendation by the Academic Senate that a Committee on the Education and Employment of Women be established on the Stanford University campus. (Appendix 2)

Activity and interest in the entire area of women's goals and opportunities is evident in the numerous reports that have appeared recently in the public, professional, and scientific press focusing on these issues, and in the organization of many groups and symposia concerned with these problems. (Appendix 3) The recent statement by the Women's Caucus of the American Sociological Association (included in Appendix 3) reveals a striking parallelism in the problems perceived by these professional women and those perceived by our group here at Stanford Medical School.

It is interesting to speculate about the changes in our society which have led to this period of general concern about women's roles. It is probable that a major determinant has been the rapid evolution of technology, which has resulted in a drastic reduction in the amount of time required for performance of a woman's functions in maintaining a home. A parallel development has been the practice of exposing increasingly larger numbers of women to higher education, which prepares them for active participation in society outside the home. A recent report, produced under the auspices of the Swedish Government for the United Nations, suggests that the logical result of these developments should be truly equal opportunity on the part of men and women for pursuit of careers and also truly equal responsibility for self-support, rearing of children, and maintenance of the home. (Appendix 4)

The fact that society in general will benefit greatly from an expansion of women's roles outside the home follows logically from consideration of two pressing American problems. First, the population explosion: a recent analysis makes a strong case for the prediction that even perfect distribution of contraceptive techniques to all economic levels in the United States will not succeed in reducing population growth adequately; rather, it seems likely that until girls, as well as boys, are brought up to aim for fulfilling roles in society in addition to the role of child-rearing, families larger than appropriate will continue to be the rule. (Appendix 5) Second, the crisis in health care: success in meeting the challenge to develop career opportunities for women could make a crucial contribution of personnel to deliver the health care that our society is

acknowledging as a right of each of its members. The dependent link between these two problems, the population explosion and the health care crisis, was recently emphasized by Dr. Roger Egeberg, Assistant Secretary for Health of H.E.W., in a talk here at Stanford: unless we do deal successfully with the population growth, there will be no chance whatever of delivering adequate health care.

STATEMENT OF THE PROBLEM FOR WOMEN AT STANFORD MEDICAL SCHOOL

The problem of the fully trained professional woman can probably best be summarized by the following figures:

Professional Staff at Stanford Medical School with MDs or PhDs		
	<u>Men</u>	<u>Women</u>
Tenured Faculty (Associate and Full Professor)	136	2
Non-tenured Faculty ¹ (Instructor and Assistant Professor)	129	10
Non-faculty Ranks ² (Senior Research Associate, Senior Scientist, and Research Associate)	<u>46</u>	<u>39</u>
Total	311	51

Study of this chart reveals that although women constitute about 14% of the total doctoral staff, they make up only 1.45% of the tenured faculty and 7.2% of the non-tenured faculty. With regard to the proportion of women on the tenured faculty, Stanford is probably amongst the lowest in the nation (Appendix 6)

The overwhelming majority of the women (76.4%) are in the Research Associate category, where they have remained for a number of years even though this category was originally designed to be temporary; this has now become the traditional rank for professional women in medical schools. In Appendix 6 are presented data from a survey of 28 women Research Associates at Stanford Medical School. Examination of these data reveals that a number of these women have qualifications which appear fully comparable to those of faculty at Stanford. It also reveals the extreme diversity among this group in training, experience, salary, and responsibilities. Major problems of this group include: lack of a regular review mechanism, associated with the failure to consider them potential candidates for faculty positions; geographic immobility owing to husbands' jobs; denial of participation in policy making at both the departmental and medical school levels; and, most recently, loss of the privilege of applying for grants as principal investigator.

1. Faculty figures are taken from the Directory, The Full-Time Faculty, Stanford University School of Medicine, 1969-70, (excluding senior research associates and visiting professors).
2. The figures do not include "acting" appointments, lecturers, clinical psychologists, etc.

There are 299 men and 22 women on the house staff at Stanford Medical Center. In the Medical School there are 313 male students, but only 28 female students. Thus, women are also underrepresented at the student and training levels.

A series of proposals formulated to deal with some of the problems and to suggest mechanisms for finding solutions to the others follows.

PROPOSALS

I. CONCERNING THE PROFESSIONAL STATUS OF WOMEN AT STANFORD MEDICAL SCHOOL.

A. Representation of women among faculty and students.

We propose that the number of women in both faculty and student ranks be increased as follows:

1. Faculty: the proportion of women in faculty ranks be increased by adopting the following figures as an initial goal:

Tenured positions	10%
Non-tenured positions	20%

The model for these figures is a medical school, of size comparable to Stanford, which is among the leaders with regard to representation of women on its faculty. Appendix 6 compares data for 10 major medical schools.

2. Students: the proportion of women in the student body be increased by enlarging future classes by 10 places reserved for women, in addition to the 7 traditionally allotted to them.

The proposed mechanism for carrying out such additions to the faculty and student ranks will be described in B, below.

B. Establishment of Joint Committee on Status and Tenure of Women.

We propose that a Joint Committee on the Status and Tenure of Women be established to carry out the following functions: increasing the proportion of women in faculty ranks; increasing the proportion of women in the student body; developing solutions for some specified remaining problems; serving as a permanent mechanism for dealing with new problems in these areas as they arise.

We propose that this be a standing committee composed of seven members: four, preferably to include one member of the Executive Committee, to be selected by the Committee of Five of the Faculty Senate; two to be selected by the Council of the Professional Women of Stanford Medical School; and one woman graduate student in medicine or the medical sciences.

1. Proposed mechanism for addition of women to the faculty: an appropriate distribution of the newly created positions for women should be determined by the Joint Committee so that those presently held by women and those newly added will together provide each department with women faculty approximately in proportion to the total number of faculty appointments presently held in it. The women now at Stanford in either faculty or research associate ranks should be considered the primary pool for filling these new positions; women from outside Stanford should be actively recruited for positions which cannot be filled with qualified people now on the staff.

We propose that the Joint Committee should contact all women who are now research associates or faculty members to determine whether they wish to be considered for advancement to, or in, faculty status and therefore to have their research, teaching, and clinical qualifications reviewed. For each of those replying in the affirmative, a dossier should be prepared which includes professional evaluation of her research output and potential, if that is part of her qualification, by experts in her specialty. These experts shall include representatives from institutions other than Stanford. The Joint Committee on the Status and Tenure of Women shall carefully review the completed dossiers and make recommendations as to appropriate candidates for the newly created positions in each department. Individual departments shall then consider appointments by appropriate procedures.

Financing of the newly created positions: it is expected that 75% to 95% of the new faculty woman's salary will continue to come from its present source (a research grant in most cases). Because it is anticipated that additional duties associated with faculty status may result in less time for research, it is proposed that 5% to 25% of these salaries, depending, on the non-research role performed, shall be drawn from the McCormick Fund income. We estimate that this figure will amount to about \$2000 per appointment, a maximum of approximately \$72,000 per year. The establishment of new tenured faculty will necessarily entail financial backing for guarantee of salary should research grants fail temporarily. We propose that the sum of \$50,000 per year for five years be withdrawn from the McCormick Fund income to be accumulated as a self-sustaining insurance fund for salaries of tenured women faculty. It is likely that much of this fund may never be required, in which case the excess interest accumulated over a certain floor level could be applied to other projects.

2. Proposed mechanism for addition of women to the student body. We propose that an active campaign of recruitment with attendant publicity should be carried out and feel certain that it will result in an ample pool of qualified applicants. For example, there are large numbers of qualified women in basic science programs who have been discouraged in exploring medical careers by the negative attitudes towards women in medicine. Possible

sources of funding for necessary scholarships might include the McCormick bequest, federal support via the increased physician output program, and women's professional and service organizations.

3. Proposed agenda of two important problems for consideration by the joint committee:
 - a. The development of an appropriate career pattern for the research associate who is not qualified for faculty status at Stanford, but who is geographically limited to the Stanford area by her husband's job;
 - b. The development of opportunities for professional activity and maintenance of professional seniority on the part of women who must reduce their commitment from full to part time during temporary periods when young children at home make this necessary.
4. Proposed role as a permanent mechanism for dealing with ongoing problems of professional women in the medical school. In addition to the regular review of research associates as potential candidates for faculty status, the Joint Committee should be receptive to the submission of new problems in this area for their consideration as they arise. Above all, the Joint Committee should assume responsibility for establishment of Stanford's leadership in the education and career development of women in the medical sciences.

II. CONCERNING THE PROBLEM OF ENABLING WOMEN TO ACHIEVE THEIR PROFESSIONAL GOALS WITHIN THE FRAMEWORK OF THEIR SPECIAL RESPONSIBILITIES.

- A. Child Care Facility. We propose the establishment of a child care facility at Stanford Medical Center since inadequate child care is one of the most compelling causes of discontinuities in both the education and employment of professional women. The urgency of this need is such that detailed plans have been developed by a special committee of the PWSMS. (Appendix 7 details the program, its staffing, and its financing.) Long-range responsibility for the facility should probably be assumed by the Office for Women's Affairs* to be described below.
- B. Stanford Medical School Office for Women's Affairs. We propose establishment of this Office to coordinate programs designed to enable women to pursue their professional goals within the framework of their special responsibilities. This Office would serve to keep talented women in the mainstream of their professions, to encourage and make it possible for others to return, and to promote the consideration of the medical sciences as a career choice for young college women. As a beginning, we propose programs to provide the following: counseling and guidance for undergraduate and graduate women in the medical sciences, flexible house staff and fellowship training, career counseling, post-graduate education, and job opportunity registration for women returning to or entering professional activity in the Stanford area.

*(sic)

Details concerning these proposed programs appear in Appendix 8.

CONCLUSION

This report is submitted with the hope that the efforts which have been devoted to it by a large group of very concerned women will be viewed as a significant contribution toward the development by Stanford of a program of leadership in the field of increased participation by women in American medical science.

Appendix 1: Bequest to Stanford from Mrs. Katherine Dexter McCormick

Item I. In the First Codicil to my Will under Item VI thereof, I have heretofore named the Board of Trustees of the Leland Stanford University as a major beneficiary, providing therein for a bequest in the amount of Ten Million Dollars (\$10,000,000.). I have now determined to and do hereby reduce that amount to the sum of Five Million Dollars (\$5,000,000.). I do this with great reluctance and after careful thought, taking into consideration the objects of my bounty and the present value of my property and assets. Except as so amended in respect of the amount of said bequest, I hereby ratify and confirm the provisions in said Item VI to the same effect as though fully rewritten herein.

Item VI. I give and bequeath to the Board of Trustees of the Leland Stanford University the sum of Ten Million Dollars (\$10,000,000.) to be held and used for the benefit of the Stanford School of Medicine in memory of my late husband, Stanley McCormick. It is not my intention to restrict the use of this fund to purposes which may not be completely consistent with the needs and welfare of the School of Medicine either presently or in years to come, but it is my hope that the Trustees of the University may see fit in the exercise of their discretion to use this fund, so far as the need from time to time justifies, in aid of women students attending the School of Medicine and more generally for the encouragement and assistance of women in pursuing the study of medicine, in teaching medicine and in engaging in medical research. That is to say, I would be pleased if the fund or proceeds from the fund were used not only for scholarships but also for the employment of women in teaching positions and in medical research. If in the judgment of the Trustees there is or should be a need to provide dormitory or housing facilities for women or to establish or support a school of nursing as an adjunct to the School of Medicine, it would please me if a portion of the fund were to be used for either such purpose.

Appendix 2

CHARGE TO THE COMMITTEE ON THE EDUCATION AND EMPLOYMENT OF WOMEN IN THE UNIVERSITY

General Charge:

To explore and bring attention to issues related to the education and employment of women at the undergraduate, graduate, and professional levels, and to recommend to the President or other appropriate officers or committees policies and programs that will improve educational and occupational opportunities for women at Stanford. Since there is some question how the committee's functions will fit into the assigned responsibilities of other University committees, this committee should be considered experimental in nature, with its performance to be reviewed after a year or so, to determine whether the committee, as established, is best serving its purposes or should be reconstituted.

Specific Duties:

1. To improve the education of women at Stanford by reviewing University policies which appear to have de facto consequences restricting educational opportunities by sex; by developing avenues for increasing the number of women faculty members, particularly at senior levels; and by studying the feasibility of programs for continuing education of mature women at Stanford.
2. To explore and recommend appropriate changes to equalize the opportunities of women for career development throughout the University.
3. To make recommendations aimed at making counseling services more responsive to the changing needs of women. This will relate to personal development, career plans, continuing education and professional training.
4. To propose major enabling programs such as childcare centers that would aid women in pursuing educational and career goals.
5. To apprise the University of the educational and occupational needs of women and of the necessary institutional modifications to meet these needs.
6. This committee shall inform the cognizant administrative officers or the chairmen of other committees whenever recommendations are being considered which would affect their responsibilities. Such administrative officers or committee chairmen shall be invited to attend relevant meetings of the Committee on the Education and Employment of Women as if they were ex officio members of this committee.

Membership:

Normally the Committee shall be composed of nine voting members, as follows: three members of the Academic Council nominated by the faculty Senate Committee on Committees, three students nominated by the student Senate Committee on Nominations, three members chosen by the President. The Chairman shall be appointed by the President from among the nine voting members.

COMMITTEE ON THE EDUCATION AND EMPLOYMENT OF WOMEN

General Charge:

To explore and bring attention to issues related to the education and employment of women at the undergraduate, graduate, and professional levels; and to recommend policies and programs that will improve educational and occupational opportunities for women at Stanford.

Specific Duties:

- 1) Educational. To improve the education of women at Stanford: by reviewing University policies that appear to have de facto consequences restricting educational opportunities by sex; by developing avenues for increasing the number of women faculty members, particularly at senior levels; and by studying the feasibility of programs for continuing education of mature women at Stanford.
- 2) Occupational. To explore and recommend appropriate changes to equalize the opportunities of women for career development throughout the University.
- 3) Counseling Programs. To make counseling services more responsive to the changing needs of women. This will relate to personal development, career plans, continuing education and professional training.
- 4) Enabling Programs. To propose major enabling programs such as childcare centers that would aid women in pursuing educational and career goals.
- 5) Informational. To apprise the University of the educational and occupational needs of women and of the necessary institutional modifications to meet these needs.

Membership:

Normally, the Committee shall be comprised of nine voting members as follows: three members of the Academic Council nominated by the faculty Senate Committee on Committees; three students nominated by the student Senate Committee on Nominations; three members chosen by the President.

EXHIBIT A: EXAMPLES OF ACTIVITIES THAT COULD BE UNDERTAKEN BY THE COMMITTEE.

Working with academic and administrative personnel, devise plan to recruit women faculty as soon as possible. Devise long range plan to increase number of women professors, particularly at higher ranks. (Include study of problems in part-time appointments, and possibility of financial incentive to gain women faculty.)

Review University and departmental policies that appear to have de facto consequences that restrict educational opportunity to either sex. (Should include questions of financial aid to part-time students, time requirements of PhD's, etc.)

Examine existing continuing education proposals and take action to provide continuing education opportunities for mature women.

Develop programs to facilitate communication between undergraduate and mature women on an informal basis (professional women, community leaders and faculty wives as Eating Associates in dorms, for example).

Suggest revisions in counseling policies and procedures directed towards enhancing the status of women.

Encourage immediate recruitment of women for top administrative posts.

Urge and coordinate efforts to deal with women as employment minority (working closely with existing minority employment programs). (Study possibility of small pilot projects for experiments in administrative flexibility, e.g. substituting two part-time employees for one full-time employee.)

Encourage appropriate University agencies to continue efforts to create University-wide day-care center, or separate centers. Provide staff assistance for these efforts if necessary.

Consider the financial implications of its programs and develop appropriate internal and external resources for such programs.

EXHIBIT B: RECENT ACTIVITIES RELATING TO THE EDUCATION AND
EMPLOYMENT OF WOMEN AT STANFORD.

Note:

This exhibit was prepared informally on September 3, 1969. Representatives of the groups listed met on September 8, and will reconvene on October 27th to make final corrections in the exhibit, to discuss suggestions for the proposed committee, and to report on whether or not their constituency officially endorses the charge to the Committee on the Education and Employment of Women at Stanford. It should be noted that at this date (October 13) those groups and individuals who have reported their response have endorsed the charge.

EXHIBIT B: RECENT ACTIVITIES RELATING TO THE EDUCATION AND EMPLOYMENT OF WOMEN AT STANFORD.

Activities of groups related to larger University organizations.

<u>Organization</u>	<u>Subgroup/Focus</u>	<u>Participation</u>	<u>Projects/Studies/Reports</u>
Alumni Association	Task force on continuing education.	Students, staff.	-Drafted a complete proposal for a continuing education program at Stanford. -Presented a revised joint proposal (with Faculty Women's Club group) to an informal gathering of faculty. (Spring; 1969.)
Distaff Club	Executive Board/ Education and employment of women at S.U.	Staff women. 100 participants at relevant meetings.	-Presented panel of women speakers on educational and work opportunities for mature women. (Winter, 1968.) -Presented two lectures on education of undergraduate women. (Spring, 1969.)
Faculty Women's Club	Job Opportunities & Continuing Education Section.	Primarily faculty wives.	-Mailed 2,000 questionnaires to faculty wives. Analyzed returns. (Fall, 1968.) -Mailed 700 follow-up questionnaires (Spring, 1969.)
	(Two sub-committees described below.).	Approximately 100 active in working committees. Many more expressing desire for additional information and help.	-Published "Going Into Labor, a Bay Area Woman's Guide to Employment and Education," 900 copies sold. (Fall, 1968) and "Continuing Education, the Woman's Selective Guide to Continuing Education in the Bay Area," 360 copies sold. (Spring, 1968)
	(1) Continuing Education Sub-committee.	Steering Committee of 5.	-Met continuously for more than one year to study continuing education programs in universities across the nation. (1968/69)
		Discussion groups involving several hundred women and students.	-Sponsored speech by Mrs. Elizabeth Class, Director of Programs in Continuing Education at the Claremont colleges. -Drafted comprehensive proposal for pilot project in education of mature women. (Proposal includes formation of standing committee on the status of women at Stanford.) (Spring, 1969.)

Faculty
Women's Club
(continued)

(2)Job
Opportunities
Subcommittee.

Steering
Committee of 7.
178 women seeking
employment or
already placed.
(Figures unob-
tainable of jobs
they have been
requested to
fill.)

-Organized informal center to
promote hiring of faculty wives
within the University, with
particular emphasis on part-time
opportunities. (Fall, 1968.)

Human
Problems
Institute

Research team/
Study of
Undergraduate
Women.

Two
investigators.

-Analyzed data on undergraduate
Stanford women. Data was obtained
in 4-year research study on male
and female undergraduate students.
(1961-65.)

-Wrote and printed monograph on
"Autonomy and the Feminine Role."
(1968.)

-Sponsored 2-semester seminar on
careers of women. (1968.)

School of
Medicine

Pilot project
(funded by Macy
Foundation) to
facilitate
participation
of women in the
field of
medicine.

One investigator;
one coordinator;
consultants.

-Counseling and financial aid at all
career levels. (July, 1968 to date.

-Compiled statistics on women physi-
cians associated with Stanford.
(Summer, 1969.)

-Worked to arrange flexible schedul-
ing for incoming women interns,
et. al. (July 1968 to date.)

-Organized experimental small T-
groups of women. (Jan. 1969 to date.

Study of Education at Stanford	Subcommittee on Education of Women at Stanford.	Principal investigator, students.	-Compiled statistics on academic women at Stanford. (Summer, fall, 1968.) -Prepared report including historical background of women in higher education. Proposed creation of a standing committee concerned with education of women. (Spring, 1969.)
YWCA	Informal task force on sex differentials in education.	Students, YWCA staff, faculty guests. Approximately 75 persons attended various meetings.	-Initiated "Orb," a newsletter directed at undergraduate women. (Spring, 1969.) -Luncheon seminars for students, faculty and staff. (Spring, 1969.) -Organized lecture on changing sex roles, attended by approximately 100 people. (Winter, 1968.)

Spontaneous groups

Ad hoc committee/Stanford Women (Three subcommittees listed below) (Current title: Women's Forum)	Liaison between groups concerned with education of women at Stanford. Discussion and action in three major areas (see subcommittees below).	Staff, faculty, students, faculty wives. Total participation: about 75 women.	-Held general meetings biweekly from April through June 1969. (To resume fall quarter.)
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Subcommittees

(1)Professional Women/Youth Subcommittee	Open forum with emphasis on contact between students and women professionally involved with Stanford.	About 30 students, staff, academic personnel.	-Holds biweekly lunch meetings (including summer months). -Plans to publish brochure on purpose of the subcommittee, as well as preparing a bibliography on roles of women.
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(2) Staff Continuing Education Subcommittee	Analysis of needs of staff women for continuing education. Liaison with other groups interested in continuing education.	Working committee of four staff women who meet at least twice monthly.	-Prepared letter to selected universities to request data on staff academic opportunities. (To be mailed in September.) -Drafted part of questionnaire to be sent to all staff women in the fall of 1969. (See below.)
(3) Employment Subcommittee	Women as Employment Minority.	Working committee of four staff women who meet once monthly.	-Devised long-term plan to study employment status of women, including effect of exempt/non-exempt categories on women, appropriateness of job categories to education level, experience, etc. (Summer, 1969.)
Childcare Center/ Summer Pilot Project	Summer Childcare Center for Escondido Parents.	Four students. Faculty member.	-Three students planned, organized and ran a 7-week day-care center, with cooperation from Dept. of Education. (Summer, 1969.)
Professional Women of Stanford Medical School	Problems of women engaged in study, research, or teaching at Medical School.	General membership of 50 women at Medical Center. Includes research staff, faculty, students; coordinating committee of eleven women.	-Responded to press announcements of McCormick gift to Stanford by organizing to consider status of women at Medical School. (Spring, 1969.) -Formed five small discussion groups to meet weekly. (June 1969 to date.) -Formed coordinating committee to provide liaison between groups and initiate proposals to school and/or foundations. (July 1969 to date.)

SLAC ad hoc
groups

(1) About eight
women actively
interested in
SLAC-located
childcare center.

-Final working committee
including both men and women)
initiated concrete plans for a
childcare center to open fall
of 1969. They formed a corpora-
tion, the "SLAC Child Care
Association."

(2) Two women
actively con-
cerned with
employment
opportunities
for women.

-Petitioned Director of SLAC for
active review of hiring and
promoting of women. (Received
positive response.) (Spring,
1969.)

October 13, 1969

Appendix 3: Selected Articles from the Public, Professional and Scientific Press

The enclosed material represents a quasi-random sampling of a rapidly increasing list of articles and other communications concerned with the changing roles of women in work and society. In addition to the reprints included in this appendix, the following selected sources may also be cited:

1. "The Woman in America", Spring, 1964 issue of Daedalus, the Journal of the American Academy of Arts and Sciences. See the following articles:
 - a. Rossi, Alice, "Equality Between the Sexes: An Immodest Proposal"
 - b. Degler, Carl N., "Revolution Without Ideology: the Changing Place of Women in America"
2. Barriers to the Career Choice of Engineering, Medicine or Science Among American Women, in Mattfeld and van Aken (ed.), Women and Scientific Professions, Cambridge: M.I.T. Press, 1965, pp. 51-127.
3. Born Female, The High Cost of Keeping Women Down, by Caroline Bird, David McKay Company, Inc., New York, 1968.
4. Education of Women at Stanford University, Siegel, A. and Carr, R.E., S.E.S., vol. VII, 1969.
5. On the Liberation of Women, a special double issue of Motive, vol. 29, #6&7, 1969, published for the University Christian Movement by the United Methodist Church.
6. "Sugar 'n Spice" by Sarah Spinks in This Magazine is About Schools, 3:59-79, 1969.
7. A Parallel to the Negro Problem, Appendix 5 in An American Dilemma by Gunnar Myrdal.
8. "Images of Woman: Past and Present, Overt and Obscured", by Natalie Shainess, American Journal of Psychotherapy, vol. 23, Jan., 1969, pp. 77-97.
9. Third National Conference of Commission on the Status of Women. Remarks of Mary Dublin Keyserling, June 29, 1966, printed in NEWS (US Dept. of Labor Pub.)
10. New Challenges -- New Responsibilities. Excerpts from remarks by Mary Dublin Keyserling at the Community Service Workshop, Barnard College, Columbia University, New York City, on October 4, 1966, printed in NEWS.
11. Report of a Conference on Meeting Medical Manpower Needs -- The Fuller Utilization of the Woman Physician, January 12-13, 1968, Washington, D.C.
12. Fourth National Conference of Commissions on the Status of Women. Conference summary, June 22, 1968, by Mary Dublin Keyserling.

13. Women Physicians in Training and Practice, a study supported by the Josiah Macy, Jr. Foundation, The Duke University Medical Center, Durham, North Carolina, October, 1968.
14. Lopate, Carol, Women in Medicine, The Johns Hopkins Press, Baltimore, Maryland, 1968. See especially appendix V, p. 199, "Faculty Rank by Sex and Age for 78 of the U.S. Medical Schools in Operation 1965-66 Academic Years."
15. The Future of Women in Medicine, a Macy Conference, The Williamsburg Inn, Williamsburg, Virginia, December 8-11, 1968.
16. Macy Conference on Women for Medicine, held at Endicott House in Dedham, Massachusetts, October, 1966.

Working Women

THE surprising thing about the Government's announcement of its commitment to the phased introduction of equal pay for men and women is that it has been so long in coming. As a reflection of a gradual shift in public attitude it has become inevitable, but there has been little evidence of strong pressure for change, despite the vociferous utterances of a few ladies in the Trades Union Congress debate last week. Another speaker referred to the debate as "an annual pilgrimage" which had started with the T.U.C.'s first declaration on the subject 80 years ago. Only 10% of Britain's 8½ million women workers (mostly those in the Civil Service, local government, and the professions) are paid at the same rates as men: the other 90% have had to be content with 55-75% of the men's rates. Because the cost of equalising pay will be so enormous—at least £600 million a year—implementation of such a scheme is bound to take several years (an immediate move to equal pay would in any case be unwise because it would carry a serious risk of inflation), and the bigger the differential the longer it will take. In a pamphlet¹ published last week by

1. Mepham, G. J. *Problems of Equal Pay*. Institute of Personnel Management. 1969. 12s.

the Institute of Personnel Management, Mr. G. J. MEPHAM records that the Civil Service, which he cites as a model of orderly transition to equalisation, had already reduced its wage differentials to a maximum of 20% when it introduced equal pay in the 1950s. The manufacturing industries, which have differentials of up to 45%, have a much bigger problem. Assuming, however, that these difficulties can be overcome, how much will the introduction of equal pay really benefit women? That will depend partly on which definition is adopted. The T.U.C. prefers the International Labour Office's version: "equal pay for work of equal value"; but this would require job evaluation on so massive a scale as to be virtually unworkable—and no country which has attempted it has yet been able to implement the ideal. The Confederation of British Industry favours "equal pay for equal work", but this provides loopholes which could lead to restriction of employment opportunities for women and the establishment of jobs for women for which rates of pay could be kept low simply through lack of standards for comparison.

It is not only high costs and administrative difficulties that have delayed the acceptance of women's right to equal pay. Prejudice has played a significant part, as Mr. MEPHAM's statistics show. Nearly half the women in full-time employment take home less than £10 a week, whereas few men earn a net wage of less than £15 a week; the main reason being that the vast majority of women are in unskilled or semiskilled jobs. In the manufacturing industries they provide 45% of the semiskilled working force but claim only 5% of skilled production jobs. Prejudice, of course, takes different forms. We hear less these days of a man's right to earn more than a woman simply because he may have a wife and family to support: tax allowances and social-security benefits are now generally acknowledged to be more equitable means of providing for dependants. But we still hear the traditional arguments that women are not worth training for positions of greater responsibility because of their high rates of absenteeism, high turnover, and short length of service. Yet there is little evidence to support these arguments. True, most young women do give up work before the birth of their first baby, but many return to work as soon as their children are old enough, and more would wish to do so. Already 50% of married women in this country go out to work (more than in almost any other country this side of the Iron Curtain), and the proportion is growing. With earlier marriage, most women now stop childbearing by the age of 30 and at 40 are ready to go back to work. With 20 working years ahead of her, is it fair to say that a woman is not worth training? The reasons for absenteeism are complex, but the rate of absence is notably higher among poorly paid and less skilled workers, and

improved opportunities for promotion should do much to reduce it. A Government social survey² shows that women, especially older ones, are more stable in employment than is generally supposed, and in the U.S.A. it has been shown that men both change jobs more often than women and lose fractionally more working days through sickness.¹

Clearly, inequality of pay is just one aspect of discrimination against working women, and paying them the rate for the job is not going to improve their employment status. A drastic change in attitude is needed if women are to be encouraged to play a more active part in the economic life of the country. A Conservative pamphlet³ is concerned especially about the plight of the highly educated minority, many of whom have, in theory at least, enjoyed equality of pay for some time—provided they can get the jobs for which their ability and training have equipped them. Only 20% of doctors in Britain (compared with 75% in the U.S.S.R.) and 2.5% of top scientists and technologists are women. Even in teaching, where women predominate, the top jobs tend to go to men. Some highly qualified married women fear that positions of special responsibility would conflict too much with the demands of domestic life (though provision of better facilities for the care of young children and of older ones during school holidays would ease this particular burden). But what of the 5% of women who choose not to marry—those who really are wedded to a career? It would seem a matter of simple justice that they should be allowed to use their talents, but a survey of advertisements for appointments in two Sunday newspapers⁴ revealed that two-thirds specifically excluded women. Discrimination starts early in life, and what is really needed is a revolution in education. About 18% of both boys and girls obtain 5 or more O-level passes, and almost as many girls as boys go on to full-time higher education. However, three times as many girls as boys go to colleges of education, although for many of them university would have been the preferred choice. 3.5% of girls get to university, compared with 7.5% of boys. At Oxbridge the proportion of places allotted for women students is appallingly low (16% at Oxford), and the considerably higher average achievement of women in the final examinations suggests that many girls of excellent ability are being turned away. The Royal Commission on Medical Education,⁵ which received evidence that girls are often frightened away from a career in medicine because medical schools apply more stringent criteria to their selection, wisely

recommended that selection should depend entirely on an applicant's ability to benefit from the course and become a good doctor and not be determined by a fixed and arbitrary sex ratio. This attitude is both heartening and realistic. Working women, in all trades and professions, want to make the best possible use of their particular abilities, and it is in the country's interest to encourage them to do so. The case for change seems overwhelming.

2. Hunt, A. Survey of Women's Employment. Government Social Survey. H.M. Stationery Office, 1968.

3. Cooper, B., Howe, G. Opportunity for Women. Conservative Political Centre, 1969. 4r.

4. Rendel, M. Equality for Women. Fabian Society, 1968.

5. Royal Commission on Medical Education, 1965-68: Report, p. 123. Cmd. 3569. H.M. Stationery Office, 1968.

State College but who was a professor of botany at the University of Alaska (and an investigator under the AEC contract) when Pruitt was here, is one who believes that Pruitt's dismissal was motivated in part by such a concern. And *Science* has additional information, obtained confidentially, indicating that Johnson's belief is well founded.

Yet in recent years no substantial issues of academic freedom have arisen

at the university and a tenure system finally has been established (no professors had tenure when Pruitt was here). And several years ago, when a professor of economics was being denounced by the governor of the state for having said that Alaskan agriculture would never be of major importance, Wood defended him. Moreover, last year a University Assembly, in which the faculty has the majority voice (and in

which students are represented), was established as the institution's primary body for setting academic policy.

Faculty morale at the university seems reasonably good, though many people come here for a few years, "see Alaska," and return to a warmer climate. Not everyone, and especially not all faculty wives, can endure the Fairbanks winters. Lows of 40 or 50 degrees below zero are common and may persist day after day. From early December through February intense cold and long hours of darkness keep people mostly indoors, where some fall victim to "cabin fever" (the symptoms may range from extreme lethargy to heavy drinking or fierce quarreling with one's spouse).

Salaries here appear competitive at first glance, but, taking the high cost of living into account, they are modest enough. Housing is scarce and expensive, partly because several years ago the university administration flouted faculty opinion by yielding to pressure from Fairbanks real estate people in not seeking to have on-campus housing expanded.

Though most students do not remain a full 4 years, they generally seem to enjoy the university while here. This seems not to be true, however, of the Eskimo, Indian, and Aleut students, a couple of hundred of whom are now enrolling each year, many coming directly from native villages or all-native boarding schools. Relatively few of those native students adjust to the unfamiliar academic routine and become acculturated to the new social setting. They usually stay to themselves, though if white students discriminate against them this seldom seems to be done consciously or overtly. Most of the natives drop out, often "just disappearing" without a word to school authorities.

Except for the passive discontent of the natives, students here do not appear especially restless. More than three fourths of them are from Alaska and tend to be vocationally oriented types who do not make waves. The university attracts some potential militants from California and other places, but they have not found the climate—in either the literal or figurative sense of that word—conducive to militant student behavior. In winter even the most hotblooded are likely to find their passions cooled by 50-below weather. Such demonstrations as occur here are likely to take place in spring or early fall. On the day and

POINT OF VIEW

Women and Professional Advancement

The following excerpts are taken from a statement of the women's caucus to the general business meeting of the American Sociological Association on 3 September 1969. The statement was presented by Alice S. Rossi, associate professor of sociology at Goucher College.

Where women are concerned, the majority of men sociologists still engage in the "put down," via ridicule, exclusion masked as sexual flattery, and overt as well as covert denial of the civil rights of women in hiring and promotion. The same white men who experience embarrassment and outrage in old screen stereotypes of the superstitious, foot-shuffling servility of a Steppin Fetchit still accept and act upon a stereotyped set of expectations of male intellectual and social dominance and female intellectual and social dependency that is as outrageous to women as the Negro stereotype is to Blacks. . . .

As sociologists, we should be capable of distancing ourselves from the dailiness of public and private life, and to work with rather than against any movement dedicated to an expansion of individual opportunity and human rights. It is a failure of the society, and of the sociology profession in particular, to find, as the women's caucus survey of graduate departments did this spring, that women were 30 percent of the doctoral students in graduate school this past year, but only 4 percent of the full-time full professors in graduate departments; or to find that women are 39 percent of the Research Associates in the elite graduate departments but only 5 percent of the Associate and 1 percent of the full Professors in these same top departments. It is outrageous that a custom persists whereby a woman Research Associate or Lecturer with a Ph.D. and ten years or more of research experience cannot apply for research funds as a sole principal investigator while a young man with a brand new assistant professorship but no prior responsibility for conducting research can readily do so.

Women are tired of the rationalized litany of their male colleagues—"but women drop out of graduate work to marry and rear a family." In 1969, the question is: what are you, the men in graduate sociology departments, doing to retain these highly selected women graduate students? Since these women are carefully selected (else they would never be admitted to your departments), it is more a failure of a department than of the students if they leave without a degree. Do you permit easy transfer of graduate credits to another university? Do you suggest part-time study with stipend support to ease study-home combinations of responsibilities? Has any department studied its Ph.D. drop-outs, much less established policies aimed at reducing this loss of talented young people? Has any sociologist surveyed his own university student, employee, and faculty body to gauge the need that might be met by the establishment of university day care centers for pre-school youngsters? . . .

WOMANPOWER

Too Few Doctors

ALTHOUGH girls seem to clamour eagerly for medical training, which they complete with higher honours than their male counterparts, there are dismally few women in positions of responsibility in the medical profession. The answer, according to Dr Elizabeth Shore, writing in the current issue of *Health Trends*, published by the Department of Social Security, is to provide more suitable part time posts for young married women doctors, to keep them in the profession while their children are young.

One in every four medical students graduating in Britain last year was a woman, and statistics show that her examination results are likely to have been better than those of her male colleagues. But in spite of this promise, only one hospital consultant in fourteen is a woman, only one woman in eleven in general practice is in charge of the practice and only thirty-one of 477 medical officers of health are women; this is only one

in seventy-three of all women doctors in local authority service.

The great problem for young women with families is that they cannot cope with full-time work, and because this is all that is available to them they remain unemployed and fall behind in their knowledge and expertise. Surveys have shown that in 1962 more than 1,000 unemployed women doctors would have liked to work, principally on a part-time basis. Another 1,000 women in part-time posts would have liked more work if it were available.

The demand for part-time work for medically qualified women has led the Department of Social Security to ask hospital authorities to seek out women and offer them suitable posts. The Medical Women's Federation, too, has launched a publicity campaign to alert women doctors and medical students to new opportunities for part-time work, and the women themselves are beginning to recognize the conflict between family life and certain branches of medicine in their choice of career. Specialities such as anaesthetics and radiology, which do not involve full-time clinical responsibility, are clearly suitable for women; and Dr Shore suggests that women students should consider seriously specialities such as pathology, psychiatry, physical medicine, dermatology and ophthalmology.

Berkeley: Office of the Chancellor

June 4, 1969

TO ALL DEANS, DIRECTORS, AND DEPARTMENT CHAIRMEN:

The Berkeley faculty has grown rapidly during the last decade while the number of women on the faculty has dropped, and the proportionate representation of women has dropped even more seriously. The 60 women listed currently as voting members of the 1708 member Academic Senate represent only 3% of that body.

The Senate Policy Committee regards this situation with considerable concern. It has appointed a Sub-Committee on the Status of Women to examine the problems involved and to make recommendations. I would be grateful for your views on the advantages and disadvantages of having women colleagues in your department and for your suggestions on ways to improve the situation.

The small proportion of women who receive academic recognition at Berkeley could be interpreted as an indication of the poor training which Berkeley and other major universities are providing for women students, or as due to a lack of interest among women in academic careers. It may also reflect selective admission to graduate studies and discriminatory hiring policy for academic posts. These are matters largely controlled by departments since they admit students and initiate hirings and promotions. It would be of great interest to the special committee, therefore, to know whether you encourage your able women majors to go on to graduate school? Do you help your able women graduate students to compete for jobs at major universities where they could become visible in the academic world? In your search for new faculty do you ask colleagues to submit the names of their able women students along with the names of their able men? Some departments seem to appoint women only to lectureships on an annual basis or in non-tenure positions. In following such practices, departments no doubt have their reasons. It is in the interests of the academic community that these should be made explicit so that they can be subject to examination and the test of research.

I solicit your comment on all these questions on behalf of the Sub-Committee on the Status of Women. Please send all letters directly to this office.

William J. Bouwsma
Vice-Chancellor for
Academic Affairs

EXCERPTS FROM:

Postscript To: "Status of Women in Graduate Sociology Departments: 1968-69"

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These resolutions were presented to the general business meeting by Alice Rossi, on September 3rd, requesting member and council endorsement of the spirit of the resolutions rather than discussion and voting on each of the ten resolutions. The resolutions received this endorsement by all but two of the voting members and all of the non-voting members attending the business meeting. Later in the day, the council voted its endorsement, urged sociology departments to give serious attention to each of the resolutions, voted that both the preamble and resolutions of the Women's Caucus be published as part of the convention and council proceedings in the February issue of the The American Sociologist and voted to conduct the periodic survey of departments with the sex breakdown as requested.

.....

(List of Resolutions presented to Council.) We urge individual sociologists, their department and the council of ASA to take effective action to assure that

1. priority be given to the hiring and promotion of women faculty on the same salary scale as men until the proportion and rank distribution of women faculty at least equals the sex ratio among graduate students, with a long range goal of increasing the proportion of women among graduate students to 50 percent;
2. equitable stipend support to be given to graduate students regardless of sex for both full and part time programs of study, with allowance for child support and household expenses;
3. sociologists work toward the establishment of day care centers for pre-school children of employees, faculty and students at all colleges and universities;
4. women sociologists be encouraged to give new courses in the history and sociology of women;
5. sex inequality be added as a topic to courses and texts now confined to social inequality on grounds of race, religion and ethnicity;
6. part time appointments at all ranks be made for both men and women faculty when individually desired;
7. women be rapidly added to committees, advisory and editorial boards within or related to ASA;
8. parenthood leave and family sick leave be endorsed for all male and female employees, faculty and students in colleges and universities;
9. sociology dispense with the patronage system of employment and follow an open employment system based on performance and creative potential in scholarship and teaching, and
10. that a Women's Caucus Newsletter be established as a regular feature of The American Sociologist

Woman's world is changing

As more women enter man's world of work, families may well become smaller because women may feel less need to justify their role in society by having children, a Stanford psychologist suggests. Among all women who obtained a doctorate degree 10 years ago, Joseph Katz notes, four out of five are now employed full time.

Most of them had very little interruption in their work in spite of childbirth and the demands of child rearing. For the small group that did stop, the time was relatively short—most typically about 14 months out of the 10 years covered by the study.

In his own studies of students at Stanford, the University of California at Berkeley, and other institutions, Katz has found that more than four out of five college women plan to work after their children are grown, and men agreed with this objective.

In one survey conducted by the Institute for the Study of Human Problems at Stanford, about half the women (47%) said taking a job for 20 hours a week would not hurt their children, even if they were 10 years old or younger.

There's a "strong possibility" that the renewed psychological assertion of young women will result in their seeking more ample occupational roles—and they are likely to get increasing support from men in so doing, Katz believes.

"As men and women begin to view each other less as sexual objects only, there emerges a new sense of feminine identity," he comments. "The 19th century feminist movement and its masculine supporters led to the achievements of political equality for women in the 20th century, but only to partial economic equality. Full psychological equality does not

THE STANFORD OBSERVER

December 1969

yet exist.

"Our educational system encourages women to high performance and strong intellectual involvement but only until graduation from college. Then social, economic, and educational arrangements make it difficult, if not impossible, to continue these interests.

"For instance, the proportion of women seeking the Ph.D. is one-tenth that of the men

and, in many universities, there are few women faculty, even though this would seem a profession particularly suited for women because of the flexibility of the working hours.

"This discrimination is increasingly felt and articulated by young women, and more of them are likely to exert strong pressures for change in their educational and employment opportunities."

The next rebels,
half our population: underpaid,
barred from major jobs,
often mocked

THE RAGE OF WOMEN

ON JULY 31, ten young militants, shouting obscenities and distributing radical literature, burst into a classroom at Macomb County Community College in Warren, Mich. When one student stood up to protest the intrusion, he was pushed into his chair and struck several times in the face. Another student attempting to leave was punched, bitten on the neck, shoulder and wrist, and taken to a hospital for medical attention. This incident may seem commonplace until you discover that the ten young militants were women, and the literature they were distributing bore the slogan, "Women Rise Up!" Then, for most people, the story seems funny. Just how much longer such episodes will amuse us remains to be seen, for the days in which laughter and ridicule will work to contain the liberation activities of women may be about over. For many women, a long-suppressed rage is now beginning to surface, and their movement for equal rights is becoming organized and gaining momentum. We are on the brink of another massive rebellion—the rebellion of women—one that is bound to have a profound impact on all of us and one that could lead to severe disruption, even a major upheaval of our society. It might actually overshadow the black revolution and the student protests, because it involves not another minority but this time a majority of Americans—51 percent. For that reason, it may force us to change where the others have not. That's not to say that members of minority groups, civil rights workers, anti-war demonstrators and student activists have had no impact on the conduct of our national affairs; they obviously have. But most Americans have not been personally touched by their efforts. By and large, we go about our lives in much the same way as we did before "the movement." Our neighborhoods and organizations are not integrated: the violence and destruction are pretty much limited to the black ghettos; we are still at war in Vietnam; the educational system continues unchanged in most important ways; major social and economic reforms have not been made.

Were it not for mass media, most of us would know little or nothing about these protests. Unless one is a politician, a personnel director, a college president or a policeman, he has probably not had to change his way of doing things or even change his way of thinking about most of these issues.

But when women revolt, all of us will change. We will not be able to escape this rebellion, because it reaches into every institution of our society and affects our most personal and intimate relationships. Unfortunately, it has been possible for society to ignore the blacks and the hippies. Mothers and wives and daughters and teachers and secretaries and girl friends cannot be ignored.

The other revolutions took us by surprise. Perhaps we shouldn't have been surprised, because clear warnings were given. But we are slow to recognize social problems and even slower when it comes to correcting them.

Paradoxically, it is probably still too early to see the full potential for a women's rebellion and already too late to avoid it.

Any lead time we might have is shortened by the rebellious mood now so pervasive in our society. More than ever before, people want to take part in all aspects of life, want to determine their

own futures. They want to contribute up to the level of their actual abilities, not to the level dictated by their traditional social roles. One by one, each of the groups that have been denied full participation in our society is insisting that the wrongs must be righted, that the balance must be redressed. We are getting around to women last because discrimination against them has been so thoroughly a part of our way

of life. People are surprised when sociologists tell us that our prejudice against women is more deeply entrenched than that against any minority group in our society, but consider these statistics:

Twenty-nine million women are working, making up one third of our work force — yet almost none hold management or executive positions.

The median salary for women is only 43 percent of what it is for men. Women receive 40 percent less pay than men for similar jobs.

Half the women who work are paid annual salaries under \$3,700. Less than two percent of Americans earning \$10,000 and up are women.

After half a century of women's suffrage, there is only one woman in the U.S. Senate.

Out of more than 300 administrative posts filled by President Nixon, only 13 have gone to women, and three of those are White House secretaries.

Since the 1930's, women have actually received a decreasing proportion of master's degrees, doctorates and faculty appointments.

Most women professionals are in "women's professions"—schoolteachers, nurses, laboratory assistants, librarians.

Only seven percent of physicians are women, compared to 74 percent in Russia, for example.

Compelling statistics, but even they don't really reflect the many indignities that women endure. They are often denied independent credit, unable to get a mortgage to purchase a house, excluded from many bars, clubs and other social gathering places, dismissed as inferior, emotional, childlike, illogical, irresponsible, incapable of genius. In one state, a woman's clothes legally belong to her husband. Male college graduates are given management aptitude tests; females are given typing tests.

If you visit a women's career day on a college campus, the situation becomes clear almost at once. The organizations trying to recruit women for career opportunities are airline companies (for stewardesses), the Army and Navy (for nurses) and the local banks (for tellers). That's it. Real access to leadership positions in American society is not open to women.

But perhaps the greatest frustration arises out of the very situation continued

BY RICHARD E. FARSON

W

omen often
find home a prison
from which
there is no escape

RAGE OF WOMEN CONTINUED

that is supposed to bring the greatest satisfaction—family life. American society, aided considerably by Freudian psychology, has held marriage and motherhood to be the ultimate expression of femininity—the only approved road to happiness and fulfillment. To be a complete woman is to be a devoted wife and mother.

Marriage does offer a great deal, but not enough, tapping only a few of the dimensions of a multidimensional human being. Women, like men, are capable of a great deal more than family life.

The home, for many women, has turned out to be a prison from which there is no escape. The average woman, who bears her last child before age 30, is subject to 40 years or more of life when her children are in school or grown. Yet, during these years, she is not permitted to study or work or live in a manner equal to that of a man.

The ideal of the woman as homemaker is a major target of women's liberation groups throughout the country. They deplore the fact that today the only avenue to self-esteem is to be attractive enough to get a man and motherly enough to raise a family. Such American institutions as Mother's Day, *Playboy* magazine and the Miss America contest have felt the sting of their protest demonstrations. The day may come when their efforts in this direction will have succeeded to the extent that it will seem stereotyped and insulting to portray a "typical" homemaker in the mass media. It would then be as unwise to show a woman opening an oven door on television as it now is to show a black operating an elevator or eating a watermelon.

Every woman has her boiling point, when she will say to herself, "*Now I understand what it's all about. I'm ready to rebel.*" This may happen when she suddenly realizes that she didn't get a promotion simply because she was a woman. Or when she is counseled to become a nurse instead of a doctor, or an elementary schoolteacher instead of a college professor. She may suddenly recall the times she has been treated by her husband or her boss or her lawyer as some kind of a lesser being because she is a woman. Or the way that she is trapped in the role of homemaker and exploited by countless advertisements designed to make her feel guilty or negligent as a wife and mother. The woman is caught in a web of helpless frustration—too well educated to accept anything less than identity as a full person, yet unable to achieve that identity either in the home, which is now only partially fulfilling, or in the "man's world" to which she is denied access. The difference between what her limited roles permit her to be, and what she knows inside she *could* be, is the source of her incipient rage.

Women may be oppressed, but they seldom *feel* oppressed. It's as difficult for most women to respond to the call of these liberation groups as it has been for Negroes to join the black revolution. They tend to accept their circumstances with resignation and simply don't believe that they harbor great rage. Nobody really thought that the blacks were enraged either—least of all the blacks themselves—but we found that there was a great reservoir of rage there, just under the surface.

Rage is not impulsive; it appears as openly aggressive behavior only when such behavior is in one way or another made acceptable. We have seen how organizations can legitimize such rage.

The woman's dilemma is either to accept the humiliating role of the second sex or openly express the resentment she may feel. Most women, of course, deal with their anger in other ways. They may become stereotypically gossipy or castrating, but they are more likely to turn their rage against

themselves and all women. This self-hate plagues the recruitment effort of the various women's groups for equal rights. Women who will organize to work for almost any other cause are slow to organize in their own behalf. They just don't feel that women are worth it. Since childhood, they have been conditioned to believe that it's a man's world and that their place in it is only in relation to him. If anything, women show more prejudice toward women and do more to perpetuate the stereotype of women than men do. Women who make statements such as, "I wouldn't want to work for another woman," or, "Her aggressiveness just isn't feminine," are marked as the Uncle Toms of the women's revolution and are held in contempt by the liberation groups. (What will we call them, Doris Days?)

We have all heard comments like these: "Women who know their place in the world and accept it are really happy." Or, "They don't really want to be leaders." Or, "This new rebellious attitude is just being stirred up by a lot of agitators who are sick women themselves." Doesn't that kind of talk have a familiar ring? It should, because it's almost exactly what we used to say about blacks, before we started calling them blacks.

The possibility of violence in the women's rebellion cannot be discounted. That is a disturbing thought, and it may be more threatening for women to consider than for men. It's difficult to picture a college co-ed or a middle-aged mother becoming a militant, violent rebel, but it should be abundantly clear that women are entirely capable of violence. We can look to their own suffrage movement, which was not without violence, especially in England, where it was bloody indeed. Or we can simply watch our evening TV newscast and see armed and helmeted girls clashing with police in Chicago.

One after another, the groups in the feminist movement have come to endorse more militant positions, because they feel a more aggressive posture seems to work where reason fails.

One lesson from the black revolution and the student protests is that what gains they have made, as well as what losses they have suffered, seem to have come too often from violence or the threat of it.

It is disturbing to speculate about this potential for violence because this time we're not dealing with a small minority but with the majority. They may control as much as 70 percent of the money. They are well educated and experienced in organizational life. And they inherit all the potent new techniques of protest and change that have come from the civil rights movement and from the student rebellions, techniques that are much more powerful than any we have used in previous generations.

More and more feminist organizations are appearing, and while the largest counts no more than two or three thousand members, they are growing in numbers and strength. There are more than 35 new groups, some strongly militant. One of the best known is the National Organization for Women (NOW), headed by Betty Friedan, author of *The Feminine Mystique*. Women's Liberation Front, a sizable organization, is roughly divided between action groups that challenge basic American institutions (family structure, capitalism), and encounter groups that feel the first step in liberation is to help women to discover in each other their plight and their potential. Women's Radical Action Project is the Chicago branch of Women's Liberation Front. Its most noteworthy protest was at the University of Chicago, over the firing of a woman professor. Add to these groups the more militant WITCH (Women's International Terrorist Conspiracy from Hell), who reportedly train themselves in defense tactics and handling fire-

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or some, legislation means freedom from sexual pressures and sexual guilts

arms; SCUM (the Society For Cutting Up Men) and so on.

An endless and perhaps irrelevant argument can be held over whether women and men are different in more than genitalia. Primitivists and biologists argue that there are important differences between the sexes, in historical conditioning and in makeup. Social anthropologists, on the other hand, can find examples of cultures in which almost anything we think of as masculine is practiced by females. At this point, it matters little. Any differences that exist must not be cause for discrimination. We no longer permit any arguments about fundamental black-white differences to justify discrimination against blacks. Why should we then when it comes to women?

The new feminists seem quite prepared to accept the consequences of equality. "Protective legislation" that supposedly is designed to provide for the weaker sex (limited working hours, lounges and rest periods, etc.) is challenged by them as discriminatory: just one more way of keeping them segregated in a cheap labor pool.

What, then, do women want? Certainly it is not dominance over men. Women of all ages dread that. The now bill of rights calls for an end to all forms of discrimination on the basis of sex, access to leadership positions and equal employment opportunities—not only in legislation but in practice. For example, NOW wants an end to help-wanted ads that are classified under separate headings for men and women.

Another set of NOW demands clusters around eliminating the penalties that come with pregnancy and motherhood. NOW's women demand the right to return to their jobs within a reasonable time after childbirth without loss of seniority or accrued benefits, and to be paid maternity leave as a form of Social Security or employee benefit.

They expect a revision of tax laws to permit deduction of child-care costs, provision for government-supported child-care centers and removal of laws governing abortion and birth control. Other demands have to do with guaranteeing equal opportunities in education, including graduate and professional schools, and "revision of welfare legislation and poverty programs that deny women dignity, privacy and self-respect."

Now, the push is for equality with men. Ultimately, however, women may want to become equal to themselves, to realize their own potential—again paralleling the black revolution. Who could have guessed that the blacks didn't simply want what whites have, but instead what they themselves have, their own natural way of being? Who could have predicted a few years ago that blacks would be interested in eating soul food and wearing their hair natural and taking black history courses? If we have come to see that black is truly beautiful, what would it mean to say that woman is beautiful?

Who, for example, might the sexually liberated female be? Here we must be highly tentative because the present influence of sexual freedom groups and lesbian organizations is very difficult to assess. Compared to the mainstream, they do not represent strong currents. We can guess that with the end of the double standard, any concern for chastity will give way to concern for fulfillment. Beyond that, we are probably safe in predicting that heterosexuality is likely to persist as the dominant sexual mode. Around that norm, we may see very different trends. Sexual liberation could mean something quite different, depending upon each woman's previous personal experiences. For some, liberation will be a freedom from sexual pressures and sexual guilts. Sex for countless millions of women has been so full of pain and fear and shame and disappointment that their liberation may be to enjoy a

nonsexual life. Others may tend toward lesbianism or bisexuality. In any case, women are likely to become more dominant and aggressive. And studies by Abraham Maslow show that dominant women, contrary to the popular myth, enjoy sex more than submissive women.

As long as we are exploding myths, the idea that women who work are inferior mothers is just not true. Studies show no difference in child-rearing effectiveness between mothers who work and mothers who don't, except that working mothers tend to feel guilty for working. Incidentally, the best workers are also the best mothers.

Also, research indicates that children who are reared in child-care centers, even full-time 24-hour ones such as the kibbutzim in Israel, show adjustments at least as good as those of children who are brought up at home by their parents.

The strategy that will benefit us most will be not only to meet the women's demands but to go far beyond them. We must radically change our schedules of work to enable women, even mothers of infants, to pursue careers of their choice. There is, after all, nothing magical about the nine-to-five workday, which was designed mainly for the convenience of men.

More difficult will be the redesigning of our places of work. Work centers that include child-care units, recreational facilities, even residences must become commonplace in the United States. Sweden has made significant progress along these lines with consequent improvements in the education and employment of women.

Practically everything about our way of life—our economy, our laws, our recreation, our schools, our homes and our cities—will require redesigning to permit women full participation. If this seems too much to ask, it may help to recognize that big changes are necessary to solve big problems, that big changes are relatively easier to make than small ones, and that gradualism, in spite of its rational appeal, has never really worked.

Women's liberation is a cause awaiting a mobilizing incident and a charismatic leader. The student movement needed the Berkeley Free Speech Movement episode and Mario Savio; the civil rights movement needed the Montgomery bus boycott and Martin Luther King, Jr. The women's struggle could take many forms, only depending on the incident and the leader.

There may be a magnificent outcome to all this. A new woman may emerge—a person who is more interesting to be with because she likes herself. She may have a new sexuality, a new beauty and a new relationship to offer a man. The effect on the man may be salutary indeed. Perhaps then he, too, will be liberated.

Women have always been a great humanizing force in our society, devoting an enormous amount of time and energy in their support of social reforms, beginning with the movement to abolish slavery and continuing with their efforts on behalf of child-labor legislation, social casework, slum clearance and many other programs promoting health and welfare. Now perhaps they will rechannel this energy towards helping themselves achieve full humanity. The women's revolution could lead to a genuine human revolution in which we will no longer be willing to settle for so much less than our potential, in which we will no longer allow ourselves to be exploited and deceived, in which we will no longer permit our environment to be polluted and our children endangered, in which we will no longer endure the inanity and superficiality of our human relationships, in which we will no longer tolerate war and violence as the ultimate solution to human conflict. END

Appendix 4

THE STATUS OF WOMEN IN SWEDEN

Report to the United Nations 1968

This Report has, under the sanction of the Swedish Government August 25 1967, been drawn up by Maj-Britt Sandlund, Head of Section at the Halland County Administration.

**The Swedish Institute
STOCKHOLM**

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The Government of Sweden has noted with satisfaction resolution No. 1133 (XLI) of the Economic and Social Council concerning a long-term programme within the framework of the United Nations aimed at raising the status of women and the suggestions put forward by the Secretary-General in conjunction with this resolution. In a world where human rights in various areas of society are still largely limited with respect to women either by law or in practice, the Swedish Government feels that any effort likely to promote greater equality between men and women should be accorded high priority. Continued and intensified efforts on the part of the UNO to make member countries conscious of the need for active measures to achieve better utilisation of the talent and labour potential represented by women are an important phase of the work of realising human rights. A long-term programme adopted by the UNO and containing both a definition of policy and proposals to concrete measures in this respect would undoubtedly represent a major contribution to the emancipation of women all over the world.

Before proceeding to a more detailed account of the activity which has taken place and is taking place in Sweden with a view to achieving greater equality between the sexes, the Government wishes to give its general views on what it considers to be important aspects of the aim of such an international programme.

The measures to raise the status of women recommended in resolution No. 1133 as well as in certain of the suggestions included in the Secretary-General's "Annex II" are felt to be relatively isolated from the general policy in various fields aimed at economic and social progress for the population as a whole. However, experience from both Sweden and other industrial countries suggests that the

question of women's rights must be viewed as a function of the whole complex of roles and the division of labour imposed on both women and men by upbringing, tradition and practice (and to a lesser extent by legislation). A decisive and ultimately durable improvement in the status of women cannot be attained by special measures aimed at women alone; it is equally necessary to abolish the conditions which tend to assign certain privileges, obligations or rights to men. No decisive change in the distribution of functions and status as between the sexes can be achieved if the duties of the male in society are assumed a priori to be unaltered. The aim of reform work in this area must be to change the traditional division of labour which tends to deprive women of the possibility of exercising their legal rights on equal terms. The division of functions as between the sexes must be changed in such a way that both the man and the woman in a family are afforded the same practical opportunities of participating in both active parenthood and gainful employment. If women are to attain a position in society outside the home which corresponds to their proportional membership of the citizen body, it follows that men must assume a greater share of responsibility for the upbringing of children and the care of the home. A policy which attempts to give women an equal place with men in economic life while at the same time confirming woman's traditional responsibility for the care of home and children has no prospect of fulfilling the first of these aims. This aim can be realised only if the man is also educated and encouraged to take an active part in parenthood and is given the same rights and duties as the woman in his parental capacity. This will probably imply that the demands for performance at work on the man's part must be reduced; a continued shortening of working hours will therefore be of great importance. In this context it would be advisable to study how reductions in working hours could best be distributed over the working week with a view to making it easier for husbands to do their share of work in the home.

In this connection the Swedish Government would refer to the Memorandum of 23 October 1963 delivered to the Secretary-General in

connection with General Assembly Resolution No. 1777 (XVII) concerning UN aid to improve the status of women in the developing countries. With reference to the proposal to draft a long-term programme for women in these countries, the following comment, among others, was made:

"The aim of such a programme must be to establish a situation where community efforts are directed as a matter of course towards all citizens within the respective countries, without any discrimination as to race, religion or sex. This implies that women must be integrated completely into the work of developing the community.... It is therefore necessary to emphasise that, in the long run, specific 'programmes for women' and specific 'efforts for women' should be abolished - as obviously the whole community shares the benefits."

The same principle applies, in the opinion of the Swedish Government, now that the question has been raised of a long-term programme within the United Nations framework covering all its member states. The aim of a long-term "programme for women" must be that every individual, irrespective of sex, shall have the same practical opportunities, not only for education and employment, but also in principle the same responsibility for his or her own maintenance as well as a shared responsibility for the upbringing of children and the upkeep of the home. Eventually to achieve complete equality in these rights and obligations, a radical change in deep-rooted traditions and attitudes must be brought about among both women and men, and active steps must be taken by the community to encourage a change in the roles played by both. The view that women ought to be economically supported by marriage must be effectively refuted - also in the legislative field - as this view is a direct obstacle to the economic independence of women and their ability to compete on equal terms in the labour market. Similarly, the husband's traditional obligation to support his wife must be modified to constitute a responsibility, shared with her, for the support of the children. This concern for the children should also be manifested in a greater degree of participation in the supervision and care of the children on the husband's part.

The Government is well aware that this view appears revolutionary and unrealistic in the eyes of the representatives of many other countries. A growing opinion in Sweden has however rallied to its support. In Sweden, as in the other Scandinavian countries, a lively debate has been going on for the past six or seven years in mass media, in organisations and in public bodies concerning the tasks of men and women in society and the home. This debate has brought forth a new approach which involves a departure from the traditional habit of regarding these problems as "women's questions".

The debate has received great support from scientific research concerning the roles of the sexes; the research has been conducted mainly by sociologists, although economists are now also beginning to make a contribution. The analyses hitherto available show that no rapid advancement of women in employment and the professions, politics, trade union activity, etc. is possible as long as men fail to assume that share of the work of the home which falls to them as husbands and fathers. The expression "male emancipation" has therefore been coined in Sweden to denote the right of a husband to remain at home while the children are small where it is found more appropriate for the mother to devote herself to gainful employment. The demand for male "emancipation" in family life is also supported by the results of recent psychological research, which have proved that the identification of growing boys may become uncertain in a one-sided, mother-dominated home environment¹⁾. This lack of certainty in identification (of what is "manly" behaviour) may lead to overcompensation expressed in exaggerated aggressiveness and may be one explanation of the higher crime rate as compared to girls. In recent years demands have been made for a change in legislation whereby the father, like the mother (when she interrupts her career) would be entitled to a certain leave of absence with pay while the children are small. The need for male staff in child care institutions, day nurseries, nursery schools and the lower schools has been emphasized in many quarters.

1) Tiller, Per Olav, Parental role division and the child's personality development. See: *The Changing Roles of Men and Women*. Ed. by Edmund Dahlström. P. 79-104. London: Gerald Duckworth and Co Ltd. 1967.

In the discussion of woman's role which has been going on in Sweden, it has been particularly pointed out that the mothers - or fathers - of small children ought to be afforded a free and open choice between working inside or outside the home. This emphasis on the married woman's right to continue in gainful employment during the years when the family has small children has done a great deal to break down the negative attitude to mothers going out to work which was formerly common. It is another matter that society has not as yet been able to provide the facilities, e.g. for looking after children, that would be needed to guarantee full freedom of choice to all parents of small children. According to a survey made in 1967, there were over 200,000 mothers with children below the age of 10 who would like to go out to work if they could arrange to have their children looked after.

The great majority of married women in Sweden, however, do not have young children. The period of active motherhood now occupies only a comparatively small portion of a woman's adult life owing to the tendency to marry younger, have fewer children than in former times, and concentrate the bearing of children to an early age. A married woman can therefore devote the greater part of her adult life to gainful work. It is important in the discussion of gainful employment for married women to distinguish, on the one hand, between women with children at an age when they demand supervision and, on the other, women who no longer have children who require their mother's presence in the home (the latter group forms the great majority in Sweden). It can therefore hardly be argued that married women without young children should be regarded differently in any essential way to unmarried women as far as the labour market is concerned; on the contrary, the professional ambitions of women must be encouraged. The old idea that women bear the main responsibility for work in the home must be countered, as gainful work by married women is otherwise liable to be regarded as a mere supplement to housework.

It is further clear that the possibility of remaining at home which is open to many married women, even though their children no longer

require their presence, cannot by any means always be taken as a manifestation of true freedom of choice. A woman's decision to remain at home often means in reality that she has limited the choices open to her on the labour market if she should wish to go out to work later. It may prove to be a great handicap if a woman is absent from the labour market for an extended period of time, for she finds, when she later wishes to return to work - or is compelled to do so for economic reasons - that she is at a considerable disadvantage as compared to someone who has been in continuous employment.

However, it would be unreasonable to presume that married women should devote themselves to gainful employment to the same extent as men and at the same time do all the work of the home. Surveys in both western and eastern Europe show that working married women today have less leisure time than any other group in society. Nor can one expect that women who devote themselves to permanent gainful employment will have access to the same opportunities for promotion as men under the present system of sex roles, as the individual employer considers the risk of women's leaving his service on marriage too high to justify the investment of training and promoting them. The character of matrimony as an institution for the support of women according to the occidental tradition has thus come to be an indirect obstacle to her emancipation in modern industrial society.

Swedish opinion, therefore, has made a great point of stressing the economic independence of every individual both inside and outside marriage. Instead of a one-sided emphasis on the function of motherhood, the importance of greater contact between father and children has been stressed. At the same time, the care and upbringing of children have come to be increasingly regarded as essential services to the community, which in principle ought to be paid for in cash in the same way as services to an employer. It has been felt that the social security of the parent who stays at home to look after the children should be equivalent to that of the one who goes out to work. This view is also reflected in the directives issued to the Committee currently reviewing our family policy.

The new view set forth here represents a sharp break with older tradition. Young married couples with children have been among the keenest supporters of the new equality. Incidentally, it is interesting to note that men have taken an active part in the debate on future sex roles. This new opinion, which is represented in practically all organisations, will undoubtedly exert a strong influence on future reform policies in Sweden.

Through a comprehensive social insurance system, the State in Sweden has assumed the main responsibility for the individual in case of sickness, disability and unemployment. Thus women are no longer so economically dependent on their husbands for their personal security.

It is however most important that social welfare legislation should be applied to the married woman as an individual and not indirectly via her husband. Studies now in progress in Sweden are aimed at putting men and women on an equal footing with regard to social security insurance.

Notwithstanding its basic attitude - that community measures and reforms must be clearly directed towards all citizens irrespective of sex - the Swedish Government fully appreciates the additional necessity of special action on behalf of women in the present situation and, in many countries, during a lengthy period of transition. Special efforts on the part of the community to strengthen the position of women will be necessary until the gap between men and women as regards the practical exercise of human rights has narrowed appreciably. The need for special action to stimulate female emancipation is certainly present in other countries besides those which have traditionally assigned a subordinate role to women. Steps must also be taken to ensure that women can maintain the strong or economically independent position which they have traditionally held in certain countries now embarking upon industrial development. It is most important that the UNO and its various special bodies should be conscious of the risk that women may be forced into greater economic dependence upon their menfolk when their country abandons a barter economy in favour of an industrial

mentary economy. This happened in Sweden and a number of other European countries at the end of the nineteenth century and the beginning of the twentieth. It is so much more difficult to put right the defects afterwards.

Special efforts are clearly also called for to overcome prejudices against certain groups of women, e.g. unmarried mothers. This group undoubtedly has to face a difficult situation in many countries owing to prejudices against women who become mothers without benefit of matrimony. Experience from Sweden indicates that such prejudices can be broken down, partly through a series of measures on society's part to improve the economic and social status of unmarried mothers.

The special reforms affecting women must however be so designed as to encourage the full integration of women into all the facets of society. It is essential to keep this aim clearly in mind, as the risk otherwise arises that special action on behalf of women may serve to entrench a traditional division of labour which in the long view will hinder the achievement of practical equality between the sexes. A further complication attendant upon a division of various types of community effort according to sex is that it is all too easy to give the impression that public reform policy is mainly directed towards satisfying the needs of the male population, while questions affecting women must needs be resolved by special arrangements or supplementary regulations. At the same time as special provisions are made for giving women equality of opportunity with men, it is necessary to induce women to move into areas traditionally regarded as male preserves.

It is also important to the realisation of the programme to stress that the object of the action taken is to achieve parity not only in the matter of rights, but also of the duties of women. Women, just as much as men, have an obligation to take an active part in, for example, trade union and political work and to share the economic responsibility for the support of children. They should not be able to acquire social status and privileges automatically by virtue of

their husbands' contributions to public life. On the contrary, women must be made aware of their personal responsibility as citizens. They must be encouraged to exercise the franchise and the opportunity of being elected to positions of trust in political life. Women should further be conscious of their obligation to give some return on the capital which society has invested in their education and training, as society has a right to expect this capital to pay dividends. This aspect is becoming all the more important now that education is rapidly becoming more widespread among young people and courses of training are becoming longer and longer.

The grounds for initiating a long-term programme for women should preferably also be given a broader content than the simple objective of creating equality in respect of rights and obligations. The economic profit and the more rapid economic progress that both the community as a whole and the individual business stand to gain through greater equality between the sexes must be emphasized. It should further be stressed that increased efficiency and more rapid economic progress are dependent on the abandonment of scales of evaluation based on physical characteristics such as sex and race instead of individual aptitude and ability. A Swedish economist and labour market researcher has calculated that the Swedish national income could be increased by some 25 per cent if the unused labour potential of women were to be fully utilised and by some 50 per cent if sex discrimination and other barriers were to be totally abolished. According to a calculation made in France, the standard of living of that country would rise by 35 per cent if women were professionally active to the same extent as men. Experience from Sweden shows, moreover, that many private employers are little inclined to show interest in the recruitment of female labour for what are traditionally regarded as "male" jobs simply in response to appeals for "fair play between the sexes". One must in the first instance be able to show proof of the economic gains a company can effect by increasing its recruitment of women. A number of Swedish industrial firms took a greater interest in part-time employment of women after it had been demonstrated that the average productivity of two women employed part-time to fill one full-time vacancy was higher than that achieved by one male

worker employed full-time. In an area where there is a shortage of labour, it is possible to arouse interest in the employment of women if one can show that the company gains in productivity by broadening its field of recruitment to include women also. Unfortunately, however, the female skill that could be turned to profit is still an unknown quantity in many occupations where it has never been given a chance to prove itself.

Provided that the special programme for women is so formulated that it directly encourages the full integration of women into the work of the community outside the home, a programme designed to improve the status of women over the period 1968-1978 will be of great value. In view of what was said earlier about the need to modify the traditional division of roles between the sexes, it would, however, be advantageous if a long-term programme adopted by the UNO were to be formulated as a programme of equality between women and men. There can be no doubt that even the title of such a programme would be significant, and it would be valuable if the designation of the programme were such as to avoid giving the impression of being concerned with questions relating to women that could be dealt with and solved by women. It may be mentioned that the term "woman question" as applied to these problems is now being largely abandoned in Sweden in favour of the sociological term "sex role question".

With reference to the international conventions listed in "Annex II Suggestions, etc." to the Secretary-General's note, Sweden subscribed to all of these. Swedish law contains no formal obstacles to the exercise of civil, social or economic rights by women. Of some significance, however, are the limitations placed upon the entry of women into certain special spheres of activity with a particularly great aura of "male prestige" which tend to preserve the philosophy of segregation. In Sweden nowadays this applies only to the profession of arms; formerly it also applied to holy orders. The ultimate reason why women have been unable to achieve a status in society equal to that of men is to be sought in the traditional division of functions whereby women are by upbringing, habit and tradition

assigned the prime responsibility for the care of home and children. It is this so-called primary female role which deprives women of equality in vocational training and employment and of equal representation in political and trade organisations.

To promote greater equality, one must always determine which political instruments will directly or indirectly encourage a more equal division of labour between the sexes, for every act on the part of the community affects the status of men and women - in a favourable or unfavourable direction. The question of the roles of the sexes must therefore be regarded as one of the chief problems in the continual work of reforming educational, employment, social, family and taxation policies.

As explained in the following, studies are now in progress in a number of fields which will make a direct contribution to greater equality. These studies are not being conducted by any special organisation for women, but by commissions charged with the task of making a general review of legislation within their respective fields.

Point A) General in the Secretary-General's Annex II raises the question of the "establishment of machinery to assist in the development of measures and techniques for the advancement of women, including national planning". Examples of such machinery quoted in the Annex include special sections within a department, a central unit of government, a national commission on the status of women, a joint committee or a group of liaison officers. The Swedish Government on its part, however, would question the appropriateness of setting up a special body for women's questions in the present situation, since so many of these questions have been integrated into the general policy of reform. Had such a body been established in Sweden four years ago, it would presumably have been charged with the task of resolving important questions relating to policies of employment, social welfare, taxation, family matters and education, which are now being dealt with by the committees working on the general reform of large areas of these policies. The problem of women's wages, which is an important component of the low-wage problem as a whole, is thus being dealt with

by the Government commission set up to study the matter of low incomes. If these questions insofar as they affect women had been divorced from their context and handed over to a commission on women, there would have been a risk that the proposals might have been delayed owing to the many and widely varied aspects with which such a commission would have had to deal.

The fact that Sweden for its part feels best able to solve the problems of women's status in this "integrated" manner does not of course prevent the UNO from issuing a general recommendation to member states to set up a body of the type envisaged. Such a body may prove necessary to point out deficiencies and problems in this area and thus provide a stimulus to further reform in various special bodies, a work that might not otherwise have been undertaken.

Population Policy for Americans: Is the Government Being Misled?

Population limitation by means of federally aided birth-control programs for the poor is questioned.

Judith Blake

Pressure on the federal government for "action" to limit population growth in the United States has intensified greatly during the past 10 years, and at present such action is virtually unchallenged as an official national goal. Given the goal, the question of means becomes crucial. Here I first evaluate the particular means being advocated and pursued in public policy, then I present alternative ways of possibly achieving the goal.

The prevailing view as to the best means is remarkably unanimous and abundantly documented. It is set forth in the 17 volumes of congressional hearings so far published on the "population crisis" (1); in "The Growth of U.S. Population," a report by the Committee on Population of the National Academy of Sciences (2); in a statement made by an officer of the Ford Foundation who was asked by the Department of Health, Education, and Welfare to make suggestions (3); and, finally, in the "Report of the President's Committee on Population and Family Planning," which was officially released this past January (4). The essential recommendation throughout is that the government should give highest priority to ghetto-oriented family-planning programs designed to "deliver" birth-control services to the poor and uneducated, among whom, it is claimed, there are at least 5 million women who are "in need" of such federally sponsored birth-control assistance.

By what logic have the proponents of control moved from a concern with population growth to a recommendation favoring highest priority for poverty-oriented birth-control programs?

First, they have assumed that fertility is the only component of population growth worthy of government attention. Second, they have taken it for granted that, to reduce fertility, one sponsors birth-control programs ("family planning"). Just why they have made this assumption is not clear, but its logical implication is that population growth is due to births that couples would have preferred to avoid. Furthermore, the reasoning confuses couple control over births with societal control over them (5). Third, the proponents of the new policy have seized on the poor and uneducated as the "target" group for birth-control action because they see this group as the only remaining target for a program of voluntary family planning. The rest of the population is handling its family planning pretty well on its own: over 95 percent of fecund U.S. couples already either use birth-control methods or intend to do so. The poor, on the other hand—at least those who are fecund—have larger families than the advantaged; they not only use birth-control methods less but they use them less effectively. The family-planning movement's notion of "responsible parenthood" carries the implication that family size should be directly, not inversely, related to social and economic advantage, and the poor are seen as constituting the residual slack to be taken up by the movement's efforts. Why are the poor not conforming to the dictates of responsible parenthood? Given the movement's basic assumptions, there are only two answers: the poor are irresponsible, or they have not had the opportunity. Since present-day leaders would abhor labeling the poor irresponsible, they have chosen to blame lack of oppor-

tunity as the cause. Opportunity has been lacking, in their eyes, either because the poor have not been "educated" in family planning or because they have not been "reached" by family-planning services. In either case, as they see it, the poor have been deprived of their "rights" (2, p. 22; 6). This deprivation has allegedly been due to the prudery and hypocrisy of the affluent, who have overtly tabooed discussion of birth control and dissemination of birth-control materials while, themselves, covertly enjoying the benefits of family planning (7).

So much for the logic underlying recent proposals for controlling population growth in the United States. But what is the evidence on which this argument is based? On what empirical grounds is the government being asked to embark on a high-priority program of providing contraceptive services to the poor? Moreover, what, if any, are some of the important public issues that the suggested policy raises—what are its social and political side effects? And, finally, is such a policy, even if appropriate for the poor and even if relatively unencumbered by public disapproval, relevant to the problem of population growth in America? If demographic curtailment is really the objective, must alternative policies be considered and possibly given highest priority?

Turning to the alleged need for government-sponsored birth-control services, one may ask whether birth control has in fact been a tabooed topic among the middle and upper classes, so that the less advantaged could be said to have suffered "deprivation" and consequently now to require government help. One may then question whether there is a mandate from the poor for the type of federally sponsored service that is now being urged, and whether as many as 5 million women are "in need" of such family-planning assistance.

Has Birth Control Been a Tabooed Topic?

The notion that the American public has only recently become willing to tolerate open discussion of birth control has been assiduously cultivated by congressmen and others concerned with government policy on population. For example, Senator Tydings credited Senators Gruening and Clark and Presi-

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dent Johnson with having almost single-handedly changed American public attitudes toward birth control. In 1966 he read the following statement into the 28 February *Congressional Record* (8).

The time is ripe for positive action. Ten years ago, even five years ago, this was a politically delicate subject. Today the Nation has awakened to the need for Government action.

This change in public attitude has come about through the efforts of men who had the courage to brook the tides of public opinion. Senator Clark is such a man. Senator Gruening is such a man. So is President Johnson. Because of their leadership it is no longer necessary for an elected official to speak with trepidation on this subject.

A year later, Senator Tydings reduced his estimate of the time required for the shift in public opinion to "3 or 4 years" (9, p. 12; 10). Senator Gruening maintained (11) that the "ninety-eight distinguished men and women" who testified at the public hearing on S. 1676 were "pioneers" whose "names comprise an important honor roll which historically bears an analogy to other famous lists: the signers of the Declaration of Independence, those who ratified the Constitution of the United States and others whose names were appended to and made possible some of the great turning points in history." Reasoning from the continued existence of old, and typically unenforced, laws concerning birth control (together with President Eisenhower's famous anti-birth-control statement), Stycos, in a recent article (12), stated:

The public reaction to family planning in the United States has varied between disgust and silent resignation to a necessary evil. At best it was viewed as so delicate and risky that it was a matter of "individual conscience." As such, it was a matter so totally private, so sacred (or profane), that no external agents, and certainly not the state, should have anything to do with it.

Does the evidence support such impressionistic claims? How did the general public regard government sponsorship of birth control long before it became a subject of congressional hearings, a National Academy report, and a Presidential Committee report? Fortunately, a question on this topic appeared in no less than 13 national polls and surveys conducted between 1937 and 1966. As part of a larger project concerned with public knowledge and opinions about demographic topics, I have gathered together the original data cards from these polls, prepared them

Table 1. Percentages of white U.S. men and women between the ages of 21 and 44 who, in various national polls and surveys made between 1937 and 1964, expressed the opinion that birth-control information should be made available to individuals who desired it.

Year	Men		Women	
	%	N	%	N
1937	66	1038	70	734
1938	67	1111	72	548
1939	74	1101	73	630
1940	72	1127	75	618
1943	67	628	73	866
1945	64	714	70	879
1947	76	353	75	405
1959	78	301	79	394
1961	82	336	81	394
1962	85	288	80	381
1963	78	323	79	373
1964	89	324	86	410

* The questions asked of respondents concerning birth control were as follows. In 1937: Do you favor the birth control movement? In 1938, 1939, 1940, 1943, 1945, and 1947: Would you like to see a government agency (or "government health clinics") furnish birth-control information to married people who want it? In 1959, 1961, 1962, and 1963: In some places in the United States it is not legal to supply birth-control information. How do you feel about this—do you think birth-control information should be available to anyone who wants it, or not? In 1964: Do you think birth-control information should be available to anyone who wants it, or not?

for computer processing, and analyzed the results. The data are all from Gallup polls and are all from national samples of the white, adult population. Here I concentrate on adults under 45—that is, on adults in the childbearing age group.

The data of Table 1 contradict the notion that Americans have only recently ceased to regard birth control as a tabooed topic. As far back as 30 years ago, almost three-quarters of the women questioned in these surveys actively approved having the government make birth-control information available to the married. By the early 1960's, 80 percent or more of women approved overcoming legal barriers and allowing "anyone who wants it" to have birth-control information. The figures for men are similar. The question asked in 1964—the one question in recent years that did not mention illegality—brought 86 percent of the women and 89 percent of the men into the category of those who approved availability of birth-control information for "anyone who wants it." Furthermore, in judging the level of disapproval, one should bear in mind that the remainder of the respondents, in all of these years, includes from 7 to 15 percent who claim that they have "no opinion" on the subject, not that they "disapprove." 40

An important difference of opinion corresponds to a difference in religious affiliation. Among non-Catholics (including those who have "no religion" and do not attend church) approval has been considerably higher than it has been among Catholics. Among non-Catholic women, over 80 percent approved as early as 1939, and among non-Catholic men the percentages were approximately the same. The 1964 poll showed that 90 percent of each sex approved. Among Catholics, in recent years about 60 percent have approved, and, in 1964, the question that mentioned neither the government nor legality brought opinions of approval from 77 percent of the women and 83 percent of the men.

Clearly, if birth-control information has in fact been unavailable to the poor, the cause has not been a generalized and pervasive attitude of prudery on the part of the American public. Although public officials may have misjudged American opinion (and may have mistakenly assumed that the Catholic Church "spoke for" a majority of Americans, or even for a majority of Catholics), most Americans of an age to be having children did not regard birth control as a subject that should be under a blanket of secrecy and, as far back as the 1930's, evinced a marked willingness to have their government make such information widely available. It seems unlikely, therefore, that poorer sectors of our population were "cut off" from birth-control knowledge primarily because informal channels of communication (the channels through which most people learn about birth control) were blocked by an upper- and middle-class conspiracy of silence.

What has happened, however, is that pressure groups for family planning, like the Catholic hierarchy they have been opposing, have been acting as self-designated spokesmen for "public opinion." By developing a cause as righteous as that of the Catholics (the "rights" of the poor as against the "rights" of a religious group), the family planners have used the American way of influencing official opinion. Now public officials appear to believe that publicly supported birth-control services are what the poor have always wanted and needed, just as, in the past, official opinion acceded to the notion that such services would have been "offensive" to certain groups. Nonetheless, the question remains of whether

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Table 2. Mean number of children considered ideal by non-Catholic women, according to education and economic status, for selected years between 1943 and 1968.

Date	Age range	Level of education*			Income or economic status†				Total respondents	
		Col- lege	High school	Grade school	1	2	3	4	$\bar{X}$	N
1943	20-34	2.8	2.6	2.6	2.9	2.7	2.7	2.5	2.7	1893
1952	21 +	3.3	3.1	3.6	3.3	3.3	3.3	3.3	3.3	723
1955‡	18-39	3.1	3.2	3.7	3.2	3.1	3.2	3.5	3.3	1905
1955§	18-39	3.3	3.4	3.9	3.4	3.3	3.4	3.7	3.4	1905
1957	21 +	3.4	3.2	3.6	3.3	3.2	3.2	3.5	3.3	448
1959	21 +	3.5	3.4	3.9	3.5	3.5	3.6	3.6	3.5	472
1960‡	18-39	3.1	3.2	3.5	3.1	3.2	3.3	3.2	3.2	1728
1960§	18-39	3.2	3.4	3.6	3.2	3.3	3.5	3.4	3.4	1728
1963	21 +	3.2	3.4	3.5	3.3	3.3	3.5	3.5	3.4	483
1966	21 +	3.1	3.3	3.7	3.2	3.2	3.4	3.7	3.3	374
1967	21 +	3.1	3.3	3.4	3.3	3.2	3.1	3.4	3.3	488
1968	21 +	3.2	3.3	3.7	3.2	3.0	3.4	3.6	3.3	539

* Level of education is measured by the highest grade completed. † Levels 1 to 4 for economic status range in order from "high" to "low." ‡ Minimum ideal (results from coding range answers to the lowest figure). § Maximum ideal (results from coding range answers to the highest figure).

or not publicly supported services are actually appropriate to the attitudes and objectives of the poor and uneducated in matters of reproduction. Is the government responding to a mandate from the poor or to an ill-concealed mandate from the well-to-do? If there is no mandate from the poor, the provision of birth-control services may prove a convenience for certain women but is likely to have little effect on the reproductive performance of the poor in general. Let us look at the evidence.

Is There a Mandate from the Poor?

The notion that the poor have larger families than the affluent only because they have less access to birth-control information implies that the poor *desire* families as small as, or smaller than, those of the well-to-do. The poor are simply unable to realize this desire, the argument goes, because of lack of access to birth-control information. The National Academy of Sciences Committee on Population stated the argument very well (2, p. 10).

The available evidence indicates that low-income families do not want more children than do families with higher incomes, but they have more because they do not have the information or the resources to plan their families effectively according to their own desires.

The committee, however, presents none of the "available evidence" that "low-income families do not want more children than do families with higher incomes." Actually, my data supply evidence that runs counter to the statement quoted above, both with respect

to the desired or ideal number of children and with respect to attitudes toward birth control.

I shall begin with the preferred size of family. A number of national polls, conducted over some 25 years, provide data concerning opinions on ideal family size. In addition, I include tabulations of data from two national surveys on fertility (the "Growth of American Families Studies"), conducted in 1955 and 1960 (13, 14). My detailed analyses of the results of these polls and surveys are given elsewhere (15) and are only briefly summarized here. Table 2 gives mean values for the family size considered ideal by white, non-Catholic women, according to education and economic status.

The data lend little support to the hypothesis that the poor desire families as small as those desired by the middle and upper classes. Within both the educational and the economic categories, those on the lower rungs not only have larger families than those on the higher rungs (at least in the case of non-Catholics) but say they want larger families and consider them ideal. This differential has existed for as long as information on preferred family size in this country has been available, and it persists. It thus seems extremely hazardous to base a major governmental effort on the notion that, among individuals (white individuals, at least) at the lower social levels, there is a widespread and deeply held desire for families as small as, or smaller than, those desired by the well-to-do. No major survey shows this to be the case.

Not only do persons of lower socioeconomic status prefer larger families

than the more affluent do, they also generally favor birth control less. Tables 3 and 4 show the percentages of white men and women who expressed approval of birth control in surveys made between 1937 and 1964, by educational level and economic status, respectively.

Looking at the educational differential (Table 3), one finds that, in general, the proportion of those who approve birth control drops precipitately between the college and grade school levels. As far back as the early 1940's, over 80 percent of women and 75 percent of men with some or more college education approved government action on birth control. By 1964, over 90 percent of both sexes approved. By contrast, only 60 percent of men and women with an elementary school education approved in the 1940's, and, despite a rise in approval, there is still a differential. When non-Catholics alone are considered, the educational difference is even more pronounced in many cases.

Turning to economic or income status (Table 4), one generally finds the same results. The high proportions (close to 100 percent) of women in the highest and next-to-highest economic brackets who, in recent years, have approved birth-control efforts is noteworthy, as is the fact that approximately 80 percent of women in these brackets approved such efforts as far back as the 1930's. On the other hand, men and women in lower income brackets have been slower to approve birth-control policies.

Despite the inverse relationship just described, I may have overemphasized the lesser approval of birth-control programs on the part of persons of lower economic and social status. After all, in recent years approval often has been high even among people at the lowest social levels. Among women with only a grade school education, the percentage of those favoring birth-control programs averaged 73 percent in polls taken between 1959 and 1964; among men at the lowest educational level, the corresponding average was 66 percent. Yet it is undeniably true that, throughout the period for which data are available, the people who needed birth-control information most, according to recent policy pronouncements, have been precisely the ones who were least in favor of a policy that would make it widely available.

The truth of this conclusion becomes more evident when we move to an analysis of a question asked on the

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Table 3. Percentages of white U.S. men and women between the ages of 21 and 44 who, in various national polls taken between 1943 and 1964, expressed the opinion that birth-control information should be made available to individuals who desired it. The percentages are given by level of education*; the numbers in parentheses are total numbers of respondents in each category.

Year	Men			Women		
	College	High school	Grade school	College	High school	Grade school
1943	75 (184)	68 (284)	56 (157)	82 (216)	74 (442)	60 (207)
1945	74 (202)	62 (360)	58 (140)	83 (216)	68 (434)	56 (207)
1947	91 (84)	72 (199)	67 (66)	81 (89)	74 (228)	72 (81)
1959	88 (89)	76 (163)	65 (49)	91 (55)	79 (279)	68 (41)
1961	88 (102)	81 (188)	57 (46)	84 (81)	81 (265)	78 (50)
1962	91 (93)	85 (171)	61 (23)	84 (79)	82 (258)	66 (44)
1963	86 (105)	79 (178)	53 (40)	81 (80)	78 (251)	81 (42)
1964	92 (107)	88 (188)	83 (29)	94 (79)	86 (293)	74 (38)

* The level of education is measured by the last grade completed.

1966 Gallup poll: Do you think birth-control pills should be made available free to all women on relief who are of childbearing age? This question presents the public with the specific issue that is the focus of current policy—namely, birth control especially for the poor. A summary of the replies to this question is given in Table 5, together with average percentages of people who, in the five surveys made between 1959 and 1964, replied that they approved birth control generally.

It is clear that the overall level of approval drops when specific reference to a poverty-oriented birth-control policy is introduced. The decline is from an average of approximately 80 percent for each sex during the period 1959–64 to 65 percent for men and 71 percent for women in 1966. Of most significance, however, is the fact that the largest proportionate drop in approval occurs among members of the "target" groups themselves—the poor and uneducated. In particular, there is a remarkable drop in approval among men at this socioeconomic level. There

is a 42-percent decline in approval among men who have had only a grade school education and a 29-percent drop among those with a high school education. Among the college-educated men the drop in approval is only 6 percent. The results, by income, parallel those by education: there is a 47-percent drop for men in the lowest income group but only a 9-percent drop for those in the highest income bracket. Even if the tabulations are restricted to non-Catholics (data that are not presented here), the results are essentially the same.

If the ghetto-oriented birth-control policy urged on the federal government meets with limited public enthusiasm, how does the public view extension of that policy to teen-age girls? This question is of some importance because a notable aspect of the pressure for government-sponsored family-planning programs is advocacy of making birth-control information and materials available at the high school level.

The Committee on Population of the

National Academy of Sciences urges early education in "family planning" in order to prevent illegitimacy (2, p. 13).

... government statistics show that the mothers of approximately 41 per cent of the 245,000 babies born illegitimately in the United States every year are women 19 years of age or younger. Thus a large proportion of all illegitimate children are progeny of teen-age mothers. To reduce the number of such children born to teen-age mothers, high-school education in family planning is essential.

Katherine B. Oettinger, Deputy Secretary for Family Planning of the Department of Health, Education, and Welfare, importunes us not to "demand the eligibility card of a first pregnancy before we admit vulnerable girls to family planning services" (16). The Harkavy report states (3, p. 29):

Eligibility requirements should be liberal with respect to marital status. Such services should be made available to the unmarried as well as the married. . . . Eligibility requirements should be liberal with respect to the age of unmarried women seeking help. This will undoubtedly pose some problems, but they may not be insurmountable. Some publically supported programs are already facing them (for example, in Baltimore).

Representative Schuer from New York has berated the federal government for not "bringing family planning into the schools." He has cited the "desperate need for family planning by unmarried 14-, 15-, and 16-year-old girls in school [which] is so transparently evident that it almost boggles the imagination to realize that nothing has been done. Virtually no leadership has come from the federal government" (9, p. 18).

Obviously there is little recognition in these statements that such a policy

Table 4. Percentages of white U.S. men and women between the ages of 21 and 44 who, in various national polls taken between 1937 and 1964, expressed the opinion that birth-control information should be made available to individuals who desired it. The percentages are given by economic status (levels 1–4*); the numbers in parentheses are total numbers of respondents in each category.

Year	Men				Women			
	1	2	3	4	1	2	3	4
1937	78 (112)	70 (406)	61 (520)		67 (69)	78 (293)	64 (372)	
1938	65 (125)	74 (453)	62 (521)		80 (51)	73 (232)	70 (259)	
1939	78 (116)	75 (432)	73 (553)		71 (68)	77 (260)	71 (302)	
1940	79 (131)	75 (443)	68 (553)		80 (49)	78 (258)	71 (311)	
1943	76 (80)	72 (219)	62 (330)		80 (90)	79 (272)	68 (500)	
1945	73 (67)	66 (286)	62 (352)		83 (75)	77 (264)	64 (531)	
1947	86 (42)	77 (123)	72 (188)		92 (38)	71 (119)	73 (237)	
1959	83 (101)	76 (120)	73 (79)		83 (139)	82 (152)	72 (95)	
1961	93 (42)	85 (80)	87 (103)	69 (111)	88 (41)	80 (97)	80 (76)	81 (138)
1962	82 (45)	89 (71)	86 (94)	80 (74)	82 (51)	80 (75)	84 (110)	77 (140)
1963	88 (60)	84 (79)	76 (96)	61 (97)	87 (67)	79 (107)	79 (98)	75 (100)
1964	90 (67)	87 (26)	93 (82)	85 (79)	96 (90)	90 (87)	85 (104)	78 (120)

* Levels 1 to 4 for the years 1961–64 range from income of \$10,000 and over down to incomes under \$5000. Prior to 1961, levels 1 to 3 represent "upper," "middle," and "lower" income brackets.

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Table 5. Percentages of white U.S. men and women between the ages of 21 and 44 who, in a 1966 poll, expressed approval of free distribution of birth-control pills for women on relief, and average percentages of individuals in this age group who, in polls taken between 1959 and 1964, expressed approval of birth control. Percentages approving and numbers of individuals interviewed are given as totals and also by education and economic status of the respondents.

Item	Men			Women		
	1966		1959-64 (av. %)	1966		1959-64 (av. %)
	%	N		%	N	
Total	65	264	82	71	385	81
Education						
College	82	98	87	75	197	87
High school	58	142	82	70	392	81
Grade school	38	24	66	59	32	73
Economic status						
1	79	80	89	70	110	87
2	69	75	84	76	99	82
3	59	65	83	70	91	80
4	39	41	74	67	76	78

might engender a negative public response. Yet such a possibility cannot be discounted. The results of the 1966 question "Do you think they [the pills] should be made available to teen-age girls?" suggest that a policy of pill distribution to female adolescents may be viewed by the public as involving more complex issues than the mere democratization of "medical" services. These results, tabulated by social level, are shown in Table 6.

It may be seen that, in general, a proposal for distribution of pills to teen-age girls meets with very little approval. There is more disapproval among women than among men. Even among women under the age of 30, only 17 percent approve; among men in this age group, 29 percent approve. At no age does feminine approval reach 20 percent, and in most cases it is below 15 percent. Furthermore, restriction of the results to non-Catholics does not raise the percentages of those who approve the policy. Most noteworthy is the socioeconomic gradient among men. Whereas 32 percent of college-educated men approve distribution of pills to young girls, only 13 percent of men with a grade school education do. Thirty-three percent of men in the highest income bracket approve, but only 13 percent in the lowest bracket do.

Clearly, the extension of "family planning" to poor, unmarried teenagers is not regarded simply as "health care." Individuals may approve, in a general way, a wider availability of birth-control information without approving federal expenditure to facilitate a high level of sexual activity by teen-age girls. One suspects that explicit recognition and implied approval of such activity still comes hard to our

population, and that it comes hardest to the group most involved in the problems of illegitimacy and premarital conception—namely, the poor and uneducated themselves. The extreme disapproval of a policy of pill distribution to teen-age girls that is found in lower-class groups (particularly among lower-class men) suggests that a double standard of sexual behavior is operative in these groups—a standard that does not allow open toleration of the idea that the ordinary teen-age girl requires the pill, or that a part of her junior high school and high school education should include instruction in its use.

Can "Five Million Women" Be Wrong?

The most widely publicized argument favoring federal birth-control programs, and apparently the one that elected officials find most persuasive, is the claim that there are approximately "five million" poor women "in need" of publicly subsidized birth-control help (17). I list below some of the principal assumptions upon which this estimate is based—all of which introduce serious upward biases into the evidence.

1) It is claimed that women at the poverty and near-poverty levels desire families of 3.0 children. While this may be true of nonwhite wives at this economic level, it is not true, as we have seen, of white women, who comprise a major share of the "target" group and who, on the average, desire a number of children closer to 4 (especially if Catholics are included, as they are in the "five million").

2) It is assumed by the estimators that 82 percent of all poor women aged 15 to 44 are at risk of conception (that is, exposed sexually), in spite of the

fact that only 45 percent of poor women in this age group are married and living with their husbands. In arriving at the figure of 82 percent, the estimators assumed that all women in the "married" category (including those who were separated from their husbands and those whose husbands were absent) were sexually exposed regularly, and that half of the women in the "non-married" category—that is, single, widowed, and divorced women—were exposed regularly. Information is scarce concerning the sexual behavior of widows and divorced women, but Kinsey's data on premarital coitus leads one to believe that the assumption of 50 percent for single women may be high. Among the women with a grade school education in Kinsey's sample, 38 percent had had coitus at some time between the ages of 16 and 20, and 26 percent, at some time between the ages of 21 and 25. Moreover, as Kinsey emphasizes, these encounters were characteristically sporadic (18).

3) The proportion of sterile women among the poor is assumed to be 13 percent, although the Scripps 1960 "Growth of American Families Study" showed the proportion among white women of grade school education to be 22 percent (14, p. 159).

4) No allowance is made for less-than-normal fecundity, although the Scripps 1960 study (14, p. 159) had indicated that, among women of grade school education, an additional 10 percent (over and above the 22 percent) were subnormal in their ability to reproduce.

5) It is taken for granted by the estimators that no Catholic women would object, on religious grounds, to the use of modern methods, and no allowance is made for objection by non-Catholics, on religious or other grounds. In other words, it is assumed that all women "want" the service. Yet, in response to a question concerning the desirability of limiting or spacing pregnancies, 29 percent of the wives with grade school education who were interviewed in the Scripps 1960 study said they were "against" such limitation or spacing (14, p. 177). Among the Catholic wives with grade school education, the proportion "against" was 48 percent, although half of these objectors were "for" the rhythm method. Similar objections among the disadvantaged have been revealed by many polls over a long period.

6) Perhaps most important, the estimate of 5 million women "wanting"

Appendix 5, page 6 and "in need of" birth-control information includes not only objectors but women who are already practicing birth control. Hence, in addition to all the other biases, the estimate represents a blanket decision by the estimators that the women require medical attention regarding birth control—particularly that they need the pill and the coil. In the words of the Harkavy report (2, attachment A, p. 19):

This may be considered a high estimate of the number of women who need to have family planning services made available to them in public clinics, because some of the couples among the poor and near poor are able to exercise satisfactory control over their fertility. However, even these couples do not have the same access as the non-poor to the more effective and acceptable methods of contraception, particularly the pill and the loop. So, simply in order to equalize the access of the poor and the near-poor to modern methods of contraception under medical supervision, it is appropriate to try to make contraceptive services available to all who may need and want them.

Yet the 1960 Scripps study found that, among fecund women of grade school education, 79 percent used contraceptives (14, p. 159). The 21 percent who did not included young women who were building families and said they wanted to get pregnant, as well as Catholics who objected to birth control on religious grounds. As for the methods that women currently are using, it seems gratuitous for the federal government to decide that only medically supervised methods—the pill and the coil—are suitable for lower-income couples, and that a mammoth "service" program is therefore required. In fact, the implications of such a decision border on the fantastic—the implications that we should substitute scarce medical and paramedical attention for all contraceptive methods now being used by poor couples.

In sum, the argument supporting a "need" for nationwide, publicly sustained birth-control programs does not stand up under empirical scrutiny. Most fecund lower-class couples now use birth-control methods when they want to prevent pregnancy; in the case of those who do not, the blame cannot simply be laid at the door of the affluent who have kept the subject of birth control under wraps, or of a government that has withheld services. As we have seen, opinion on birth control has been, and is, less favorable among the poor and the less well educated than among the well-to-do. In addition, the poor desire larger families.

Table 6. Percentages of white U.S. men and women who, in a 1966 poll, expressed approval of making birth-control pills available to teen-age girls. Percentages approving and numbers of individuals interviewed are given by age group, by education, and by economic status.

Item	All religions				Non-Catholics			
	Men		Women		Men		Women	
	%	N	%	N	%	N	%	N
Age								
Under 30	29	86	17	149	34	65	19	102
30-44	19	172	8	238	20	133	7	169
Education								
College	32	98	15	100	36	75	13	71
High school	18	142	9	264	19	110	9	180
Grade school	13	24	11	35	6	17	14	28
Economic status								
1	33	80	11	113	35	58	11	75
2	20	75	13	105	24	58	14	72
3	19	65	7	94	18	50	5	64
4	13	41	16	82	15	33	14	66

Although it may be argued that, at the public welfare level, birth control has, until recently, been taboo because of the "Catholic vote," most individuals at all social levels have learned about birth control *informally* and without medical attention. Furthermore, the most popular birth-control device, the condom, has long been as available as aspirin or cigarettes, and certainly has been used by men of all social classes. When one bears in mind the fact that the poor have no difficulty in gaining access to illegal narcotics (despite their obvious "unavailability"), and that the affluent had drastically reduced their fertility before present-day contraceptive methods were available, one must recognize and take into account a motivational component in nonuse and inefficient use of contraceptives. Indeed, were relative lack of demand on the part of the poor not a principal factor, it would be difficult to explain why such an important "market" for birth-control materials—legal or illegal—would have escaped the attention of enterprising businessmen or bootleggers. In any event, any estimate based on the assumption that all poor women in the reproductive group "want" birth-control information and materials and that virtually all "need" publicly supported services that will provide them—including women with impaired fecundity, women who have sexual intercourse rarely or not at all, women who object on religious grounds, and women who are already using birth-control methods—would seem to be seriously misleading as a guide for our government in its efforts to control population growth.

Moreover, the proposal for government sponsorship takes no account of the possible advantages of alternative means of reaching that ~~part~~ of the

"market" that may not be optimally served at present. For example, competitive pricing, better marketing, and a program of advertising could make it possible for many groups in the population who are now being counted as "targets" for government efforts to purchase contraceptives of various kinds. When one bears in mind the fact that an important reason for nonuse or lack of access to contraceptives may be some sort of conflict situation (between husband and wife, adolescent child and parent, and so on), it becomes apparent that the impersonal and responsive marketplace is a far better agency for effecting smooth social change than is a far-flung national bureaucracy loaded with well-meaning but often blundering "health workers." The government could doubtless play an initial stimulating and facilitating role in relation to private industry, without duplicating, on a welfare basis, functions that might be more efficiently handled in the marketplace.

Would the Policy Have Side Effects?

The possible inadvisability of having the government become a direct purveyor of birth-control materials to poverty groups becomes more clear when we consider some of the risks involved in such a course of action.

Even if the goal of reducing family size were completely and widely accepted by the poorer and less well educated sectors of the population, we should not assume that the general public would necessarily view a policy concerned with the means and practice of birth control (in any social group) as it views ordinary medical care—that is, as being morally neutral and obviously

"desirable." Birth control is related to sexual behavior, and, in all viable societies, sexual behavior is regulated by social institutions. It is thus an oversimplification to think that people will be unmindful of what are, for them at least, the moral implications of changes in the conditions under which sexual intercourse is possible, permissible, or likely. An issue such as distribution of pills to teen-age girls runs a collision course with norms about premarital relations for young girls—norms that, in turn, relate to the saliency of marriage and motherhood as a woman's principal career and to the consequent need for socially created restrictions on free sexual access if an important inducement to marriage is not to be lost. Only if viable careers alternative to marriage existed for women would the lessening of controls over sexual behavior outside of marriage be unrelated to women's lifetime opportunities, for such opportunities would be independent of the marriage market and, a fortiori, independent of sexual bargaining. But such independence clearly does not exist. Hence, when the government is told that it will be resolving a "medical" problem if it makes birth-control pills available to teen-agers, it is being misled into becoming the protagonist in a sociologically based conflict between short-run feminine impulses and long-run feminine interests—a conflict that is expressed both in relations between parents and children and in relations between the sexes. This sociological conflict far transcends the "medical" issue of whether or not birth-control services should be made widely available.

Actually, the issue of sexual morality is only one among many potentially explosive aspects of direct federal involvement in family-planning programs for the poor. Others come readily to mind, such as the possibility that the pill and other physiological methods could have long-run, serious side effects, or that racial organizations could seize on the existence of these programs as a prime example of "genocide." Eager promoters of the suggested programs tend to brush such problems aside as trivial, but the problems, like the issue of sexual morality, cannot be wished away, for they are quite patently there (9, p. 62). There are risks involved in all drug-taking, and it is recognized that many of the specific ones involved in long-term ingestion of the pill may not be discovered for many years. No one today can say that these are

less than, equal to, or greater than the normal risks of pregnancy and childbirth. Equally, a class-directed birth-control program, whatever its intent, is open to charges of genocide that are difficult to refute. Such a program cannot fail to appear to single out the disadvantaged as the "goat," all the while implying that the very considerable "planned" fertility of most Americans inexplicably requires no government attention at all.

Population Policy for Americans

It seems clear that the suggested policy of poverty-oriented birth-control programs does not make sense as a welfare measure. It is also true that, as an inhibitor of population growth, it is inconsequential and trivial. It does not touch the principal cause of such growth in the United States—namely, the reproductive behavior of the majority of Americans who, under present conditions, want families of more than three children and thereby generate a growth rate far in excess of that required for population stability. Indeed, for most Americans the "family planning" approach, concentrating as it does on the distribution of contraceptive materials and services, is irrelevant, because they already know about efficient contraception and are already "planning" their families. It is thus apparent that any policy designed to influence reproductive behavior must not only concern itself with all fecund Americans (rather than just the poor) but must, as well, relate to family-size goals (rather than just to contraceptive means). In addition, such a policy cannot be limited to matters affecting contraception (or even to matters affecting gestation and parturition, such as abortion), but must, additionally, take into account influences on the formation and dissolution of heterosexual unions (19).

What kinds of reproductive policies can be pursued in an effort to reduce long-term population growth? The most important step toward developing such new policies is to recognize and understand the existing ones, for we already have influential and coercive policies regarding reproductive behavior. Furthermore, these existing policies relate not merely to proscriptions (legal or informal) regarding certain means of birth control (like abortion) but also to a definition of reproduction as a primary societal end and to an organiza-

tion of social roles that draws most of the population into reproductive unions.

The existence of such pronatalist policies becomes apparent when we recall that, among human beings, population replacement would not occur at all were it not for the complex social organization and system of incentives that encourage mating, pregnancy, and the care, support, and rearing of children. These institutional mechanisms are the pronatalist "policies" evolved unconsciously over millennia to give societies a fertility sufficient to offset high mortality. The formation and implementation of antinatalist policies must be based, therefore, on an analysis and modification of the existing pronatalist policies. It follows, as well, that antinatalist policies will not necessarily involve the introduction of coercive measures. In fact, just the opposite is the case. Many of these new policies will entail a *lifting* of pressures to reproduce, rather than an *imposition* of pressures *not* to do so. In order to understand this point let us consider briefly our present-day pronatalism.

It is convenient to start with the family, because pronatalism finds its most obvious expression in this social institution. The pronatalism of the family has many manifestations, but among the most influential and universal are two: the standardization of both the male and the female sexual roles in terms of reproductive functions, obligations, and activities, and the standardization of the occupational role of women—half of the population—in terms of child-bearing, child-rearing, and complementary activities. These two "policies" insure that just about everyone will be propelled into reproductive unions, and that half of the population will enter such unions as a "career"—a life's work. Each of the two "policies" is worth considering.

With regard to sex roles, it is generally recognized that potential human variability is greater than is normally permitted *within* each sex category. Existing societies have tended to suppress and extinguish such variability and to standardize sexual roles in ways that imply that all "normal" persons will attain the status of parents. This coercion takes many forms, including one-sided indoctrination in schools, legal barriers and penalties for deviation, and the threats of loneliness, ostracism, and ridicule that are implied in the unavailability of alternatives. Individuals who—by temperament, health, or constitution—do not fit the ideal

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sex-role pattern are nonetheless coerced into attempting to achieve it, and many of them do achieve it, at least to the extent of having demographic impact by becoming parents.

Therefore, a policy that sought out the ways in which coercion regarding sex roles is at present manifesting itself could find numerous avenues for relieving the coercion and for allowing life styles different from marriage and parenthood to find free and legitimized expression. Such a policy would have an effect on the content of expectations regarding sex roles as presented and enforced in schools, on laws concerning sexual activity between consenting adults, on taxation with respect to marital status and number of children, on residential building policies, and on just about every facet of existence that is now organized so as exclusively to favor and reward a pattern of sex roles based on marriage and parenthood.

As for the occupational roles of women, existing pressures still attempt to make the reproductive and occupational roles coterminous for all women who elect to marry and have children. This rigid structuring of the wife-mother position builds into the entire motivational pattern of women's lives a tendency to want at least a moderate-size family. To understand this point one must recognize that the desired number of children relates not simply to the wish for a family of a particular size but relates as well to a need for more than one or two children if one is going to enjoy "family life" over a significant portion of one's lifetime. This need is increased rather than lessened by improved life expectancy. Insofar as women focus their energies and emotions on their families, one cannot expect that they will be satisfied to play their only important role for a diminishing fraction of their lives, or that they will readily regard make-work and dead-end jobs as a substitute for "mothering." The notion that most women will "see the error of their ways" and decide to have two-child families is naive, since few healthy and energetic women will be so misguided as to deprive themselves of most of the rewards society has to offer them and choose a situation that allows them neither a life's work outside the home nor one within it. Those who do de-

prive themselves in this fashion are, in effect, taking the brunt of the still existing maladjustment between the roles of women and the reproductive needs of society. In a society oriented around achievement and accomplishment, such women are exceptionally vulnerable to depression, frustration, and a sense of futility, because they are being blocked from a sense of fulfillment both at home and abroad.

In sum, the problem of inhibiting population growth in the United States cannot be dealt with in terms of "family-planning needs" because this country is well beyond the point of "needing" birth control methods. Indeed, even the poor seem not to be a last outpost for family-planning attention. If we wish to limit our growth, such a desire implies basic changes in the social organization of reproduction that will make nonmarriage, childlessness, and small (two-child) families far more prevalent than they are now. A new policy, to achieve such ends, can take advantage of the antinatalist tendencies that our present institutions have suppressed. This will involve the lifting of penalties for antinatalist behavior rather than the "creation" of new ways of life. This behavior already exists among us as part of our covert and deviant culture, on the one hand, and our elite and artistic culture, on the other. Such antinatalist tendencies have also found expression in feminism, which has been stifled in the United States by means of systematic legal, educational, and social pressures concerned with women's "obligations" to create and care for children. A fertility-control policy that does not take into account the need to alter the present structure of reproduction in these and other ways merely trivializes the problem of population control and misleads those who have the power to guide our country toward completing the vital revolution.

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20. I make grateful acknowledgment to the Ford Foundation for support of the research presented in this article and to the National Institutes of Health (general research support grant 1501-TR-544104) for assistance to Statistical Services, School of Public Health, University of California, Berkeley. I am also indebted to Kingsley Davis, whose critical comments and helpful suggestions have greatly advanced my thinking. The Roper Center and the Gallup Poll kindly supplied me with polling data.

Appendix 6: Status and Tenure

WOMEN FACULTY IN MEDICAL SCHOOLS

	Tenured Men	Tenured Women	% Women	Non-tenured Men	Non-tenured Women	% Women
Harvard	118	2	1.7	741	44	5.6
Univ. of Chicago	201	5	2.4	149	17	10.3
UC, San Francisco	239	15	5.9	101	7	6.5
Duke	189	9	4.5	182	40	18.0
Johns Hopkins	321	13	3.9	709	107	13.1
Tulane	314	29	8.4	401	59	12.8
Northwestern	266	9	3.3	372	43	10.3
Univ. of Colorado	146	3	2.0	247	52	17.4
Cornell	129	14	9.8	157	42	21.0
Stanford	136	2	1.5	129	10	7.2

Research Associates

The amorphous title Research Associate has come to symbolize many of the status problems for women at the Medical School and it therefore deserves some close scrutiny.

Accordingly, a survey of 28 women, 26 Research Associates and 2 Senior Research Associates, has been conducted. The majority, 25, have Ph.D. degrees; 3 have M.D.s. Twelve of the 28 have previously held faculty positions, 2 as Associate Professors, 4 as Assistant Professors, and 7 as Instructors. Eleven of the 28 have had post doctoral training. Twenty-seven have publications, ranging in number from 1 to 42. Currently eight of the 28 are Principal Investigators, eleven are co-investigators. Ten derive their salary from their own grant.

In their present position 14 are free to choose problems and methods independently, 12 select theirs within a loose framework of consultation, only 2 are fairly strictly assigned. Twenty-five of the 28 have supervisory responsibility. The number of individuals supervised by members of the group ranged from 1-15.

The salary range is as follows:

- 5 -- \$7,000 to \$10,000
- 10 -- \$10,000 to \$13,000
- 4 -- \$13,000 to \$16,000
- 7 -- \$16,000 to \$19,000
- 1 -- \$19,000 to \$22,000

Four people in the lowest salary range have respectively 41, 18, 9, and 8 years of continuous employment. Only 9 of the 28 have assurance of two years or more of future employment. The number of years of continuous employment for members of the group range from 1 to 41 years with a median of 12. Seven have gaps in their work history ranging from 1 to 12 years with a median of 2 years.

Seventeen of the 28 are not free to move to a new position outside of the vicinity of Stanford. Seventeen of the 28 are married, 3 are separated, 5 are single, 1 is a widow, and 2 are divorced. Sixteen have children.

According to the "red book", an appointment under the title of Research Associate is a temporary one and may be used for individuals with a wide range of qualifications, from a Bachelor's degree with minimal experience to a Ph.D or M.D. with considerable experience. When men are given such an appointment, they tend in general to have higher degrees, but short experience and to be planning another career step in the not too distant future. As a result, the average stay of men in the research associate category is a relatively short period of time. Our survey shows that many women in the Medical School have spent a number of years in this category with little or no prospect of advancement. There appear to us to be two primary reasons for this situation: 1) the natural advancement to faculty positions with higher status and with tenure has

seldom been awarded to women, and 2) on the other hand, there has been a reluctance to discontinue the employment of these women. As a result, they have tended to continue indefinitely in this non-specific category.

Perhaps both of these reasons stem from the same basic fact; in general women are not free to migrate to other institutions because the primacy of the husband's career ties them to a particular locality. This fact can result in both of the factors just described; in the one case an institution has a "captive employee" who is actually deserving of something much better than the temporary and low-status category of Research Associate. On the other hand, an apparent unwritten recognition of this handicap of not being free to move has resulted in less qualified women being allowed to stay on indefinitely in what ought to have been a temporary capacity.

Appendix 7 : Child Care Center

The plan is for this child care facility to be part of the network of "Stanford Children's Centers" in the process of establishment by a joint committee formed by several groups. It is the definite intention of our committee that this facility be far more than a place for custodial care, but rather provide an environment for creative experiences for the children, their parents, and the teaching and research personnel interested in child development at the University.

THE PROPOSED CENTER

I. Eligibility

Children of women in training will be given first priority: female medical and graduate students, interns, residents, postdoctoral fellows. Children of women who have finished their training and other women employees of the medical center will be given second priority. Other medical center associated families will be give third priority.

Initially, well children from ages approximately 1 year to 6 years will be accepted. Eventually, the age range will be extended to include neonates as well as older children. Provision will be made to care for children who are sick with minor illnesses.

II. Location: Land and Buildings

Dr. Pitzer has been contacted and suggested an appropriate space close to the Medical School for this purpose. Construction will consist of modular units to be leased. Estimates of the costs of the lease range from \$250 to \$750 per month. Another possibility is a donated building to be moved to the site; a modern kitchen facility has already been offered. The future inclusion of an apartment for a resident couple would give the center the capability for 24 hour service.

III. Staffing

For a group of 35 children; ages 1-6 years.
Director, M.A. or Ph.D
Two teachers , B.A. level
Teacher assistant
Infant (toddler) nursery aide
Students, volunteers to supplement salaried help
Custodial service

The staff members of the child care center will be subject to the same rules and enjoy the same benefits as other Stanford University Medical School employees.

IV. Board of Directors

A board of directors will be elected with representation from each of the following groups: (1) women medical and graduate students, (2) housestaff of Stanford Medical School, (3) non-faculty women with doctorate degree, (4) Stanford Medical School faculty, (5) parents whose children are using the child care center, (6) director of the child care center, (7) Medical School administration, (8) professional pre-school educator.

V. Budget

Salaries of personnel

<u>Employee</u>	<u>Amount allocated per year</u>
Director	\$12,000
2 teachers	\$15,000
Teacher-assistant	\$ 4,500
Infant nursery aide	\$ 4,000
Custodian	-----*

VI. Funding

<u>Expenditure</u>	<u>Possible sources of income</u>
Rent of modular units or installation of donated building	1. Macy Foundation for the first 6 months of operation; other foundations to be approached for subsequent support
Salaries of staff	2. Tuition of children Average of \$20/week/child for 35 children = \$36,400/year.
Equipment and supplies	Donations **

*To be supplied by the Medical Center housekeeping staff

**The Stanford Community Children's Center was equipped by donations

Appendix 8: Stanford Medical Office for Women's Affairs

It is our intention that the facilities of the Stanford Medical School Office for Women's Affairs be used to assist women in finding satisfactory employment and/or training in the medical sciences according to their individual requirements. The following programs have been proposed:

A. Education and Counseling Program

This program envisions an enlargement of the existing Macy Foundation study and would include: 1) the counseling and guidance of secondary school and undergraduate women to the opportunities and rewards of careers in the medical sciences, 2) liaisons between women undergraduates, graduate students and professional women at Stanford to assist students in making decisions regarding their professional futures, 3) counseling and help in long-term planning for women still in medical school or at the predoctoral level.

B. Flexible House Staff Training and Post-Doctoral Training

Again this program suggests an enlargement of an existing Macy Foundation project which allows a woman physician to plan her training from internship through residency and post-doctoral training at a rate which is compatible with her individual family responsibilities.

Such a program encourages the career continuation of the woman physician with a young family and the re-education of the inactive woman physician.

C. Career Counseling

In proposing the permanent establishment of an office concerned only with the problems of women in medical sciences, we are acknowledging the fact that women often unavoidably find themselves in unfavorable career development situations. This being the case, we suggest special programs be designed to meet the needs of the women with geographic limitations in their career opportunities.

As a beginning, it is proposed that the Office for Women's Affairs maintain a central registry of 1) scientifically trained women available for part-time or full time jobs, and 2) available consultation, teaching, and research positions in the Bay area. This office should also gather and provide information about sources of funding for individual studies and/or research projects available to women.

The unlicensed foreign woman medical graduate represents a unique situation in which a woman's geographic relocation actually prohibits the continuation of her medical career. At present there is no existing mechanism by which such a woman could acquire the training necessary for licensure. We propose that the facilities of this Office be used to seek ways to circumvent this problem.

ADMINISTRATION AND FUNDING OF THE STANFORD MEDICAL OFFICE FOR WOMEN'S AFFAIRS

We envision the staff of the Stanford Medical School Office for Women's Affairs to include the following personnel:

1. A woman M.D. to act in the capacity of Administrative Co-ordinator
2. A woman administrative assistant
3. A secretary

We propose that the Office be advised by the Dean and Vice-President in charge of Medical Affairs, and that the Administrative Coordinator of the Office be an ex-officio member of the proposed Joint Committee on the Status and Tenure of Women.

We propose that additional funds be requested from the Macy Foundation and other appropriate sources as well as from various Women's Professional Medical Groups to finance the continuation and the enlargement of the described program.